TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in an event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

	DIVISION	OF STATIS	MA STICAL RE	RYLAND SEARCH AN	STATE DE	PARTMENT OF s, 301 W. PRESTO	HEALTH N STREET, BALTIMORE 1,	MARYLAND
	10231			CEF	RTIFICAT	E OF DEATH		10000
1.	PLACE OF DEATH a. COUNTY	Wic	omico		MARYLAND	a CTATE	E (Where deceased lived, If Institution b. COUNTY ic	Residence before admission)
	b. CITY OR TOWN write RURAL a	ind give nearest	porate limits, town)		OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate limits, write RUR	AL and give nearest town)
	d. NAME OF HOSE	TITAL OR INSTIT	UTION (if not			d. STREET ADDRESS	OLI COM	e. IS RESIDENCE
	Wicomico	Nursi		•			RFD	ON A FARM? YES X NO
3,	NAME OF DECEASED (Type or print)	FII.	First	M. M	Iddle	BAKFR	4. DATE Month OF DEATH	24 19 67
		6. COLOR OF R	7. WARRING		modified	8. DATE OF BIRTH	last birthday) Month	ER 1 YEAR IF UNDER 24 HRS.  B Days Hours Min.
10a	USUAL OCCUPATION	ON (Give kind of v	work done   10	b. KIND OF BUSI				CITIZEN OF WHAT
dur	ing most of workin	ig life, even if re	etired)	wn Home		Delawar		COUNTRY?
	FATHER'S NAME			WILL TIOMS	•	14. MOTHER'S MAIL		JUA
	Peter	C. Don	oway			Sarah	E. Truitt	
15 (Ye	. WAS DECEASED EV	ER IN U.S. ARME	D FORCES?	16. SOCIAL SEC	URITYNO. 17.	INFORMANT	Address	
``	XX	XXX	ates of service/	221-36-	-6502 H	azel Moore	Millsboro, De	laware
-	18. CAUSE OF D	EATH [Enter on	ly one cause p	r line for (a), (	b) and (c).]		0 0 1	INTERVAL BETWEEN
	PART I. DEA	TH WAS CAUSE IMMEDIATE CA	D BY: JUSE (a)	sluce	uso C	mount	lile duct	Lines
	556 X		DUE TO					
	Conditions, If a		(b)					
	gave rise to li cause (a), sta		DUE TO					
-	underlying cause	last.	(c)					
CERTIFICATION	PART II. OTHER SI	GNIFICANTCON	DITIONSCONT	CIA O	THBUTNOTREL	Decros	DISEASE CONDITION GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED? YES NO
ERTIFI	20a ACCIDENT V OR CONTRIBUTION (IF EITHER, NOT	VAS UNDERLYUN	DEATH 201	DESCRIBE H	OW INJURY OCC		finjury in Pert I or Pert II of Item	18.)
	20c. TIME OF IN			d. INJURY OCCU	IDDED 120a DI	ACE OF INJURY (Home, fa	arm.   20f. (City or town)	County) (Stete)
MEDICAL	Hour a.m.		W	nile Not Wh	ille fact	ory, street, office bldg., e		ounty) (ototo)
	21_I certify	that (I) (this	hospital) att	ended the dec	eased from	your, 1	96/, to 7-24, 19	67, that (I) (we) last
		pased alive on	1 7-	12 19	6, and the	death occurred at_	M, from the causes and or	
	222 SIGNATUR	// /(	201.	81100		ATTENDING	MED. STAFF 22b.	DATE SIGNED
	Leve	19/02	in	(5)	М.	D. PHYS. 22d. ADDRESS	DIRECTOR PHYS.	17/6/
1	NAME (Type	ne)				ZZU. ADDRESS		
238	I	TION   23h D	ATE THEREOF	23c. NAI	ME OF CEMETED	Y OR CREMATORY	23d. LOCATION (City, town or	county) (State)
200	REMOVAL (Spec	olfy)	6 /67			· on ourmander	W 47 7 7	
24	FUNERAL DIREC	TOR )	1911	Reta	RESS	25a. RE		AR'S SIGNATURE
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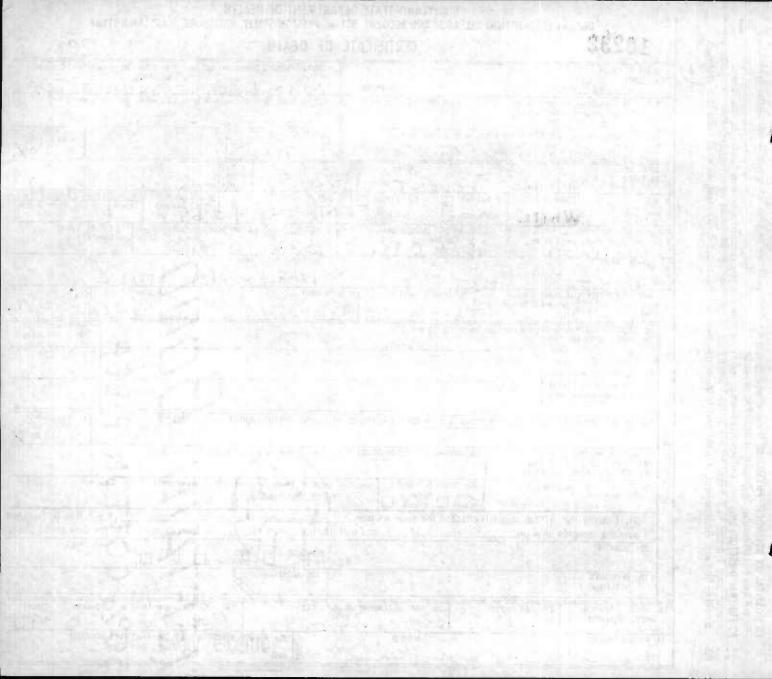
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VR A15 (4) 15M 4-64

TO STATE OF THE PROPERTY OF TH SAKERI INJURY LE and the company of th The state of the s File of the Land Alethornelly for 10th 1 30th 1 30th 1 30th

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10232 CERTIFICATE OF DEATH executed within 24 haurs after death by the funeral Pages 1 and oppo 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH b. COUNTY a. COUNTY comico MARYLAND ve carban papers. Pages 1 event, within 72 haurs after CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY TOWN autside carparate limits, write RURAL and give neorest town) Salisbur d. STREET ADDRESS e. IS RESIDENCE ON A FARM? campletely filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Peninsula General Hospita YES NO 3. NAME OF First 4. DATE Month Year remove carban Lost Doy DECEASED Mes 19 67 (Type or print) DEATH AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS. S. SEX 6. COLOR OR RACE NEVER MARRIED 7. MARRIED last birthday) Months Hours Doys and in any WIDOWED DIVORCED pup 10o. USUAL OCCUPATION (Give king of work done 12. CITIZEN OF WHAT KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, ar fareign country) 10b. PHYSICIAN: The law requires that the death certificate be during most of working life, even if retired) COUNTRY? physician ( STI 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, or remaval, attending phys permit. Then p 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT permit. (Yes,ing, or unknown) (If yes give war ar dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line far (a). ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ò **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires thu Page 4 may be retained by the haspital ar attending physician. DUE TO signed l Conditions, if any, which gave rise to immediate cause (a), DUE TO stoting the underlying cause has been the prior ta last. 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) use be detached far use State Dept. af Health NO X TO FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, 20f. (City ar tawn) 20d. INJURY OCCURRED (County) (State) 20c. TIME OF INJURY Month, Day, Year Haur o.m. foctory, street, affice bldg., etc.) Nat While at wark at wark . 19 67, tho (1) (we) last 21. I certify that (1) (this hospital) attended the deceased fram. . 19 6 7. to directar, page 3 shauld shauld be filed with the Z, and that death occurred at \_\_\_\_ ZeM, from couses and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. DIRECTOR PHYS. PHYS. 22d, ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) NEPUXENT JURIA 24, FUNERAL DIRECTOR 250. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



IS RESIDENCE ON A FARM? NO 🖂 Year

IF UNDER 24 HRS.

INTERVAL BETWEEN ONSET AND DEATH

PERFORMEDY YES NO

the date stated above

(Stote)

(Stote)

25h AGGISTRAR

250. REC'D BY REGISTRAR

10233 Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10232

PLACE OF DEATH  o. COUNTY  Wicomico  MARYLAND  2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence of STATE Maryland b. COUNTY b. COUNTY	nce before odmission) Wicomico
o. COUNTY To and b. COUNTY	Wigamiaa
Wicomico Maryland	MICOUITEC
b. CITY OR TOWN (If outside corporate limits.   C. LENGTH OF STAY IN 1b   C. CITY OR TOWN (If outside corporate limits, write RURAL and give	re neorest town)
Salisbury  Salisbury	22.1
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  d. STREET ADDRESS	e. IS RESIDEN
Peninsula General Hospital 608 Westover Circle	ON A FARI
NAME OF First Middle Lost 4. DATE Month of Jeff July 15	Doy Year
CPV LANCE OF THE PROPERTY OF T	1 YEAR   IF UNDER 24
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED   8. DATE OF BIRTH 9. AGE (In 1960'S IF UNDER MONTHS)  SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED   8. DATE OF BIRTH 9. AGE (In 1960'S IF UNDER MONTHS)  SEX 7. MARRIED NEVER MARRIED   8. DATE OF BIRTH 9. AGE (In 1960'S IF UNDER MONTHS)  SEX 10. COLOR OR RACE 7. MARRIED NEVER MARRIED   8. DATE OF BIRTH 9. AGE (In 1960'S IF UNDER MONTHS)  SEX 10. COLOR OR RACE 7. MARRIED NEVER MARRIED   8. DATE OF BIRTH 9. AGE (IN 1960'S IF UNDER MONTHS)  SEX 10. COLOR OR RACE 7. MARRIED NEVER MARRIED   8. DATE OF BIRTH 9. AGE (IN 1960'S IF UNDER MONTHS)  SEX 10. COLOR OR RACE 7. MARRIED NEVER MARRIED   8. DATE OF BIRTH 9. AGE (IN 1960'S IF UNDER MONTHS)  SEX 10. COLOR OR RACE 7. MARRIED NEVER MARRIED   8. DATE OF BIRTH 9. AGE (IN 1960'S IF UNDER MONTHS)  SEX 10. COLOR OR RACE 7. MARRIED NEVER MARRIED   8. DATE OF BIRTH 9. AGE (IN 1960'S IF UNDER MONTHS)  SEX 10. COLOR OR RACE 7. MARRIED NEVER MARRIED   8. DATE OF BIRTH 9. AGE (IN 1960'S IF UNDER MONTHS)  SEX 10. COLOR OR RACE 7. MARRIED NEVER MARRIED   8. DATE OF BIRTH 9. AGE (IN 1960'S IF UNDER MONTHS)  SEX 10. COLOR OR RACE 7. MARRIED NEVER MARRIED   8. DATE OF BIRTH 9. AGE (IN 1960'S IF UNDER MONTHS)  SEX 10. COLOR OR RACE 7. MARRIED NEVER MARRI	Doys Hours
D. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CI	ITIZEN OF WHAT
ing most of working life, even if retired) INDUSTRY none North Carolina	OUNTRY?
FATHER'S NAME 14. MOTHER'S MAIDEN NAME	U,U,A
Unkown Unknown	
WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
es, no, or unknown) (If yes give wor or dotes of service)  No  Howard Birckhead 608 Westov	er Gina
18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  IMMEDIATE CAUSE (o)	ONSET AND DEA
Conditions, if ony, which gove ) (b)	0
rise to immediate couse (o), ONE TO	
stoting the underlying couse (c)	
PART II. OTHER AGAIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELAZED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPS
West to the Hand town	PERFORMED NO
20o. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter notuse of injury of part I or Port II of item 18.)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter notuse of injury of part I or Port II of item 18.)  (IF EITHER, NOTIFY MEDICAL EXAMINER)	TES WO
20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 20d. INJURY OCCURRED While of work of work 19 20e. PLACE OF INJURY (Home, form, foctory, street, effice bldg., etc.)	ounty) (Sto
21. I certify that (1) (this has pital) ottended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19	/, that (I) (we
21. I certify that (I) (this has bifal) attended the deceased from 19 to	he date stated o
ATTENDING MED. STAFF	DATE SIGNED
22c, PHYSICIAN'S 22d. ADDRESS 22d. ADDRESS	
NAME (Type)	
D. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(Caumba) (Can
REMOVAL (Specify) 230. Date Thereof 230. Name of Cemeters Ok Cremators 230. Location (city of fown)	(County) (Stot

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely directar, page 3 shauld be detached far use as the burial-transit permit. Then please remove, proof shauld be filed with the State Dept. af Health priar to burial, cremation, ar remaval, and in any eventable. VR A15 (4) 20 M 1/66

24. FUNERAL DIRECTOR

and 2

papers. Pages I

filled in by the funeral

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

Page 4 may be retained by the hospital or attending physician.

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ivision	af STATISTICAL	RESEARCH	AND RECORD	S, 301 V	V. PRESTON	STREET,	BALTIMORE,	MARYLAND	2120

funeral ded after papers. Pog filled in Viit campterer, remaye Aud and and in please physician signed by the attending physi burial-transit permit. Then pl burial, crematian, or remaval, attending phy: physician. as the be retained by the haspital ar attending has been far use Health r this certificate h detached far use Dept. of be de State TO FUNERAL DIRECTOR: After plnods with the director, page should be filed Page 4 may 1 VR A15 20 M 1/66

24 hours after death

requires that the death certificate be executed within

ATTENDING PHYSICIAN:

CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY Wicomico Maryland Wicomico MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside corporate limits, Swrite RERAL and give nearest town) Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Peninsula General Hospital 416 Poplar Street YES NO Z 3. NAME OF First Middle Lost 4. DATE Manth DECEASED Ariettia Katie (Type or print) DEATH S SEX IF UNDER I YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE (In years last birthday) Manths Hours June 15,1915 WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind af work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Machine operat COUNTRY? Factory Maryland operator 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Bessie Bell Artie Crisp 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) Mr. Joseph Boyko Same as INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c), PART I. DEATH WAS CAUSED BY ONSET AND DEATH arcenomators IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate couse (o), DUE TO stating the underlying couse last. 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm. 20c. TIME OF INJURY Manth, Day, Year (City or town) (County) (Stote) Hour a.m. foctory, street, affice bldg., etc.) While Nat While at wark 21. I certify that (I) (this haspital) attended the deceased fram 1967, that (I) (we) last M, fram causes and an the date stated above and that death accurred at saw the deceased alive an 22a. SIGNATURE 22b DATE SIGNED STAFF DIRECTOR PHYS. 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) 23d. LOCATION (City or Tawn) 23o. BURIAL CREMATION 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify) Wicomico Mem. Park Salisbury. Maryland Buria 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR Wallace Salisbury, Md.

COLUMN TO A ... AND SOME OF A CHARGE WAY OF THE STREET OF THE STREET, THE STREET OF THE STREET OF THE STREET, THE STREET OF THE ST THE RESIDENCE OF THE PARTY OF T The second of the second of the second Paradora no colonia de la Caractería de

# FOR STATE 10235 HEALTH DEPT. 1. PLACE OF DEATH

he State Department of

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

#### MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10234

								47714	Q 18 C		
PLACE OF DEATH     O. COUNTY					2. USUAL RESIDENCE (W	Where dece	osed lived, if institut b. COU		nce befor	e odmissig	n)
o. COUNTT	Wicomico		MARYLAN	D	Mary	Land	b. C001	Som	erse	et	
	(If outside corporote limits, and give nearest town)	c. LEN	GTH OF STAY IN 16	0	c CITY OR TOWN (If ou	tside corpo	orote limits, write RUI	RAL ond giv	e neores	t town)	
	Salisbury				Manol	kin			19.2	2	
d. NAME OF HOSE	PITAL OR INSTITUTION (If not in h	ospitol, give stree	et address)	. 1	d. STREET ADDRESS					e. IS RESID ON A FA	
	Peninsula Gene	ral Hosp	ital		Box	5					NO 🗌
3. NAME OF DECEASED (Type or print)	First EMLYN	3	Middle VAMES	I	Lost BRITTON	4. DATE OF DEAT	7_	15-67	Day	Yeo	or .
s. sex Male		ARRIED A	DIVORCED DIVORCED	3 8	5-18-47		9. AGE (In years lost birthday) yrs.	Months Months	Doys Doys	Hours	Min.
during most of working	ON (Give kind of work done ng life, even if retired) NONE	10b. KIND OF B INDUSTRY	USINESS OR		11. BIRTHPLACE (Stote Washingto	-		12. (1	TIZEN OF	S.A.	
13. FATHER'S NAME Jame	s E. Britton				Ellen Frei		fitcnell .		i.		
	VER IN U.S. ARMED FORCES?  (If yes give wor or dotes of serv	ice) 16. SOCIAL S	ECURITY NO.		NFORMANT Ames E. Bri	tton	Addro Manokir				
Conditions, if an rise to immediate storing the una	derlying couse (o), (c)	Ruptur	e of liv						ON D	ERVAL BET SET AND D LOUYS	DEATH
PART II. OTHER  200. EXTERNAL PRIMARY TOT ( CAUSE OF DEATH	SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH	BUT NOT RELATED	D TO TI	HE TERMINAL DISEASE CON	NDITION GI	VEN IN PART I(o)			WAS AUTO PERFORMI ES	ED?
200. EXTERNAL	CAUSE WAS CONTRIBUTING	20b. DESCRIBE H	IOW INJURY OCCUR	RRED. (	Enter nature of injury in I	Port 1 or P	ort II of item 18.)				
		Driver	of auto	th	at failed t			and	ove	rturr	ned.
9:30 Hourk		ot work	ot While of work	Rot	E OF INJURY (Home, form pry, street, office bldg., etc.) ute 313, no.	rth c		a, Wic			(Stote)
21. I cert deoth resu  ACTUAL SIGNATURE EXAMINER'S NAME (Type)	tify that I took charge of ulted from: Notural co  Earl L. Royer 409 Camden Ave	M.B.	ccident X,	Suici	de, Homicide CHIEF MEDICAL M.D. ASSISTANT MED DEPUTY MEDICA Address (Street	EXAMINER DICAL EXAM AL EXAMINI I, city, fow	Undetermined m  INER  ER  T  T  T  T  T  T  T  T  T  T  T  T  T	July :	17,		SIGNED
230. BURIAL, CREMA					<b>TETERY</b>	P		ANNE			tote)
24. FUNERAL DIREC		D .	ADDRESS	16.1	2So, RECE	BY REGIS	67 Pelle	GISTRAR'S	SIGNATU		
Mar Leon	Funanal Home	Frinces	anna	Ma	111111111111111111111111111111111111111	V 14	77	V	11 1		

VR A15ME (5) 6M 1/67

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta the funeral director. Page 4 shauld be forwarded to the Chief Medical Examiner's Office olong with form PM3 Page

5 may be retained far yaur files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with Health priar to burial, crematian, or removal, and in any event within 72 hours after death.

This certificate should be executed within 24 haurs ofter death. If any delay is

TO DEPUTY MEDICAL EXAMINER:

This may be supposed in the second AND THE PERSON OF THE PERSON O

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10236

#### CERTIFICATE OF DEATH

10235

_										COM		
	PLACE OF DEATH a. COUNTY	Wicemice		MARY	2. USU/ a. ST	AL RESIDENCE (WATE	here decease	b. COL	INTY	nce before		an)
	b. CITY OR TOWN (	If outside corporate	limits.	c. LENGTH OF STAY I	N 1b c. CITY	OR TOWN (If out						
	write RURAL and	d give nearest town		46 Days			lmar			22	/	
	d. NAME OF HOSPIT	TAL OR INSTITUTION	(If not in h	aspital, give street address)		ET ADDRESS			44		ON A F	ARM?
_		Peerle 1		itate Hespital		9944					YES 🎉	_
3.	NAME OF DECEASED		First	Middle		Last	4. DATE OF	Mar		Day	Ye	
-	(Type ar print)		John	Le	Calle		DEATH	Ju		15		67
	SEX	6. COLOR OR RAC		ARRIED NEVER MARRIED			9.	AGE (In years last birthday)	Manths	Days	IF UNDER	Z4F M
	Male	W		DOWED DIVORCED	10/-	18/05		61 yrs.				
	o. USUAL OCCUPATION	N (Give kind of work	d ane	10b. KIND OF BUSINESS OR INDUSTRY	11. BIR	THPLACE (County 8	& State, ar fare	ign country)		ITIZEN OF OUNTRY?	WHAT	
aut	Seampr	esser		Pants Fact	orv De	elaware	2				SA	
13.	FATHER'S NAME				14. MO	THER'S MAIDEN N	IAME	100				17
	J. Ern	est Cal	lawa	v	E	lla M.	Jose	ph				
	WAS DECEASED EVE	R IN U.S. ARMED FOR	CES?	16. SOCIAL SECURITY NO.	17. INFORMA		- 0.00	Add	ress		1131	
(Ye	es, na, ar unknawn)	(If yes give war ar d	ates of servi	(e) 148100129		Maga4	tal Re	nonvie				
	(anditions if any	^	AUSE (a)	Pulmenary Em	belus					OR.	AND E	DEAL
NC	Canditians, if any rise to immediat stating the unde last.	, which gave te cause (a), orlying cause	(c)	Arteriescler Buting to Death But Not Rel	otic Care						<b>Year</b>	S OPSY
TIFICATION	rise to immediat stating the unde last.  PART II. OTHER SI  20a. ACCIDENT WA	, which gave the cause (a), relying cause (some definition of the country of the	(c)	Arteriescler	etic Care	NAL DISEASE CON	DITION GIVEN	IN PART I(a)		19.	Year Was auto Perform	OPSY
L CERTIFICATION	rise to immediat stating the unde last.  PART II. OTHER SI  20a. ACCIDENT WA OR CONTRIBUTING	, which gave te cause (a), the cause (a), the cause (a), the cause for t	(b)	Arteriescler BUTING TO DEATH BUT NOT REL	etic Care	NAL DISEASE CON	DITION GIVEN	IN PART I(a)		19.	Year WAS AUTO PERFORM	OPSY IED?
MEDICAL CERTIFICATION	rise to immediat stating the unde last.  PART II. OTHER SI  20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	which gave the cause (a), riying cause (b), riying cause (c) SUNDERLYING □ □ CAUSE OF DEATH MEDICAL EXAMINER) URY Manth, Day, Yem.	(b)	Arteriescler BUTING TO DEATH BUT NOT REL	ATED TO THE TERMI	NAL DISEASE CON ure of injury in F	DITION GIVEN Part I ar Part	IN PART I(a)	(C)	19.	Year Was auto PERFORM	OPSY IED?
MEDICAL CERTIFICATION	rise to immediat stating the under last.  PART II. OTHER SI  20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)  20c. TIME OF INJIME OF IN	y, which gave the cause (a), rilying cause (b).  GNIFICANT CONDITION  SUNDERLYING □ □CAUSE OF DEATH MEDICAL EXAMINER)  MEDICAL EXAMINER)  MEDICAL EXAMINER  The country of	(b)	Arteriescler BUTING TO DEATH BUT NOT REL  20b. DESCRIBE HOW INJURY OF CURRED While Not While of work of work of tended the deceased	ATED TO THE TERMI	ure of injury in F JRY (Hame, farm, office bldg., etc.)	Part I ar Part  20f.  9, ta	II of item 18.) (City or town) 7/15/6 fram causes	<b>57</b> . 19	19. YE	Year Was auti PERFORM S  (at (1) (1)	OPSYVED? NO
MEDICAL CERTIFICATION	rise to immediat stating the under last.  PART II. OTHER SI  20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)  20c. TIME OF INJIME OF IN	which gave the cause (a), rilying cause (b), rilying cause (c).  SUNDERLYING □ □ CAUSE OF DEATH MEDICAL EXAMINER) URY Manth, Day, Ye m.  fy that (I) (this eceased all ve o	(b)	Arteriescler BUTING TO DEATH BUT NOT REL  20b. DESCRIBE HOW INJURY OF CURRED While Not While of work of work of tended the deceased	ATTER  20e. PLACE OF INJU- foctory, street, and that death  ATTER M.D. ATTER	Ure of injury in F  JRY (Home, form office bldg., etc.)  accurred at  NDING	Part I ar Part  20f.  9, ta	II of item 18.) (City ar tawn)	97 , 19 and an 1	19. YE	WAS AUTO PERFORM  (at (I) () e statec	OPSY NO  (State)
MEDICAL CERTIFICATION	rise to immediat stating the under last.  PART II. OTHER SI  20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)  20c. TIME OF INJI Hour and pure and pure saw the distance of the saw the saw the distance of the saw the saw the distance of the saw the sa	which gave the cause (a), rilying cause (b), rilying cause (c).  SUNDERLYING □ □ CAUSE OF DEATH MEDICAL EXAMINER) URY Manth, Day, Ye m. fy that (1) (this eceased all ve o	(b)	Arteriescler BUTING TO DEATH BUT NOT REL  20b. DESCRIBE HOW INJURY OF CURRED While Not While of work of work of tended the deceased	ATEL TO THE TERMI  CCURRED. (Enter not  20e. PLACE OF INJU- foctory, street, and that death  M.D. ATTER PHYS  22d.	Ure of injury in E  JRY (Home, form, office bldg., etc.)  accurred of	Part I ar Part 20f. 20f. 25:55 M, MED. P.	II of item 18.) (City ar tawn)  7/15/6 fram causes MestAFF PHYS.	37 , 19 and an 1 22b. [	aunty)  7 the date Signi	Year Was AUTI PERFORM  S  at (I) (i) e stated	OPSY ED? NO
MEDICAL	rise to immediat stating the under last.  PART II. OTHER SI  20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)  20c. TIME OF INJIME O	which gave the cause (a), riying cause (b), riying cause (couse (couse))  SUNDERLYING □ □ CAUSE OF DEATH MEDICAL EXAMINER)  URY Manth, Day, Ye m.  M.  fy that (I) (this eceased all ve o	(b)	Arteriescler  BUTING TO DEATH BUT NOT REL  20b. DESCRIBE HOW INJURY OF  20d. INJURY OCCURRED  While Not While of work of the deceased  5/67 19 , of	CCURRED. (Enter not  20e. PLACE OF INJU- factory, street,  fram 5/31, and that death  M.D. ATTER PHYS 22d.	ure of injury in full black of the second of	Part I ar Part  20f.  5:55M,  MED.  ACCORDANCE L	II of item 18.) (City ar tawn)  7/15/6 fram causes MestAFF PHYS.	7 , 19 and an 1 22b. [	aunty)  7 the date Signi	Year Was auti PERFORM S  at (I) (i) e stated  16, ::	OPSY OPSY NO (Stat-
MEDICAL	rise to immediat stating the under last.  PART II. OTHER SI  20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)  20c. TIME OF INJIHOUT O. P.J.  21. I certitis saw the discussion of the contribution of the	which gave the cause (a), rlying cause (b), rlying cause (c), rly	(b)	Arterioscler BUTING TO DEATH BUT NOT REL  20b. DESCRIBE HOW INJURY OF While Not While of work attended the deceased 5/67 19 , or  23c. NAME OF CEME	TETRY OR CREMATOR	Ure of injury in F  JRY (Home, form office bldg., etc.)  CONTRACTOR OF THE OFFICE ADDRESS  DEPT SHOW	Part I ar Part  20f.  20f.  5:55 M,  MED.  123d. LOC	II of item 18.) (City or town)  7/15/6 from causes Mestaff PHYS.	7 , 19 and an 1 22b. [	19. YE  OATE SIGNI (County)	Vear Was auti PERFORM  S  at (I) (i) e stated  [D  [S  (S)  (S)	OPS' NO (State we all all 1)
MEDICAL MEDICAL	rise to immediat stating the under last.  PART II. OTHER SI  20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)  20c. TIME OF INJI Hour a.i. p.i. saw the d  22a. SIGNATURE  22c. PHYSICIAN'S NAME (Type; REMOVAL (Specify REMOVA	SUNDERLYING SUNDERLYING MEDICAL EXAMINER) WITH that (I) (this eceased all ve of the control of t	(b)	Arterioscler BUTING TO DEATH BUT NOT REL  20b. DESCRIBE HOW INJURY OF  20d. INJURY OCCURRED While Not While of work of work of the deceased  5/67 19 ,	20e. PLACE OF INJU- factory, street, from 5/31, and that death M.D. ATTER PHYS 22d ETERY OR CREMATOR HILL Cen	Ure of injury in F  JRY (Home, form office bldg., etc.)  CONTRACTOR OF THE OFFICE ADDRESS  DEPT SHOW	Part I ar Part  20f.  5:55M,  MED.  123d. LOC  BY REGISTRA	II of item 18.)  (City or town)  7/15/6 fram causes  Mostaff PHYS.	7 , 19 and an 1 22b. [	19. YE aunty)  the date signi	Vear Was auti PERFORM  S  at (I) (i) e stated  [D  [S  (S)  (S)	OPS NO

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or attending physician. VR 25

and some fall 12 m [ m2 ETABLETTE. LEGISTER OF CONTROL STREET vacefield and intellect = 104 AUGSTUN -W ATTE LE - Three Elicia Control Elicia 0 . uningly introduction (article) of the last of NES OF THE different states of the colorest states of the colorest states. 

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10236

Reg. Dist. No.

1. PLACE OF DE a. COUNTY	Wicomico		MARYLAI	0. 51	AL RESIDENCE (	Where decea	sed lived. If Instit b. COUN	utiani Resid			nission)
b. CITY OR TO	OWN (It outside corporate limits, write state level)	e RURAL	c. LENGTH OF STAY IN	1b c. C	Salis		porate limits, write	RURAL or	nd give	neorest to	own)
d. NAME OF	Perilh Sulaturene	If not in hear	oital aive street address)	d. \$1	REET ADDRESS 219 M	orris	Drive			ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print	HERBERT Fir		REDITH Middle CHA	INDLER	Lost	4. DATE OF DEATH	Moni 7	th	Doy 1		rear 1967
5. SEX M	6. COLOR OR RACE	7. MARRII	DIVORCED	-	17, 19:	15	9. AGE (In years last birthday) 52 yrs.	IF UNDE Months	R TYEAR Days	Hours	ER 24 HRS. Min.
10a. USUAL OCC during most of FOOD A	UPATION (Give kind of work f working life, even if retired)	done 10b. 1	staurant	DUSTRY 11. B	RTHPLACE (Slove	e ar foreign o	country)	12. CI	USA		COUNTRY
13. FATHER'S NA	AME			14. MO1	HER'S MAIDEN	NAME			-		
Oscar	M. Chandler				Hattie	W. No	ck				
	SED EVER IN U. S. ARMED FO		SOCIAL SECURITY NO. 1	7. INFORMAL			Address				
Yes, no, or unknown	WW11	2]	5 12 6707	Mrs.	Mabel	J. Cha	ndler, s	ee# 2			
Conditions, gove rise to (o), stating cause last.	OF CONTRIBUTING L	DITIONS CC	Parmar	JT NOT RELAT		AINAL DISEAS	E CONDITION GI	VEN IN PA	ONS	19. WAS PERFC	ATH
20c. TIME O	F INJURY Month, Day, Yea a. m. p. m. 19	While		PLACE OF INJ factory, street,	URY (Home, form office bldg., etc	m, 20f. (City	or town)	(Co	ounty)		(State)
21. I cert	s Phillip A.	of the r	emains described a	Suicide C	d an Autaps , Hamicida HIEF MEDICAL E SSISTANT MEDIC EPUTY MEDICAL	e , U		_	j. T	DATE	find that
220. BURIAL CRE REMOVAL IS BULLA I	MATION, 22b. DATE THEREO 7/3/196		22c. NAME OF CEMETERY Evergreen C			22d. LOCA Ber	TION (City, town,	or caunty)		(Stot Mary	
23. FUNERAL DIR	ECTOR'S SIGNATURE	ill	L. Salest	burni	24g. REC	DE REGIST	RAR 19 84by REGI	yccia!			

THE STEEL ST THE REPORT OF THE PARTY OF THE BUILDING TO THE REAL PROPERTY OF THE PARTY O A STANCE OF THE PARTY OF THE PARTY.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

after death.

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs Page 4 may be retained by the haspital or attending physician.

	10238	CERTIFICATE	OF DEATH		10237
L	place of death o. COUNTY Wicomico	MARYLAND	MARVLA		CESTUR
	b. CITY OR TOWN (If outside corporate limits,  SALTS DULLY	c. LENGTH OF STAY IN 16	c. CITY OR TOWN 4 autside of	orparate limits, write RURAL and g	ive nearest fawn)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in Peninsula Genera		d. STREET ADDRESS	D	e. IS RESIDENCE ON A FARM? YES NO
2	NAME OF First DECEASED (Type or print)	Middle 0/		PATE Month OF July 19	Day Year
S.	SEX 6. COLOR OR RACE 7.		DATE OF BIRTH	9. AGE (In years IF UNDE lost birthdoy) Months	R 1 YEAR   IF UNDER 24 HRS
duri	. USUAL OCCUPATION (Give kind of work done inc most af working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State	e, ar fareign country) 12.	COUNTRY?
	FATHER'S NAME  SAMUEL -	CHAPMAN	14. MOTHER'S MAIDEN NAME	PATTON	<u> </u>
	was Deceased ever in u.s. ARMED FORCES? is, no, or unknown) (If yes give war ar dotes of se	rvice) 20 20 -52-83737	NFORMANT NES INTO	Couling 6	BERLIN MI
	18. CAUSE OF DEATH (Enter only one couse p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). DUE TO Canditians, if any, which gave rise to immediate cause (a),	Jenter Skil	L		INTERVAL BETWEEN ONSET AND DEATH
	stating the underlying cause (c)	Strangeled 1	Levi		/ Week
IFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION	I GIVEN IN PART I(0)	19. WAS AUTOPSY PERFORMED? YES NO
CERT	20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Part I	or Part II of item 18.)	
MEDICAL	20ε. TIME OF INJURY Manth, Day, Yeor Hour o.m. p.m. 19		CE OF INJURY (Home, farm, ory, street, affice bldg., etc.)	20f. (City or tawn) (C	County) (Stote)
	21. I certify that (I) (this hospite saw the deceased alive an	al) attended the deceosed fram 19, and tha	, 19 t death occurred at	M, fram causes and on	
	22a. SIGNATURE	M. M.	***************************************	STAFF C	DATE SIGNED
	22c. PHYSICIAN'S NAME (Type) N. W	15000	22d. ADDRESS	On Shing 7	ne
230	BURIAL (REMATION, 23b. DATE THEREO	23c. NAME OF CEMETERY OR-	EREMATORY 23	3d. LOCATION (City or Town)  CELLICATION (City or Town)  EGISTRAR 2Sb. REGISTRAR'S	(County) Acco. V+
1	inne P. Bulog	e Beilin mil	DATE JUL	6 4 1961 your	who Judge

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### MADVIAND STATE DEDARTMENT OF HEALTH

	MAKILAND STATE DEPAR	IMENI OF HE	ALIN	
DIVISION OF STATISTICA	AL RESEARCH AND RECORDS, 301	W. PRESTON STR	REET, BALTIMORE 1,	
30000	CERTIFICATE O	F DEATH		1023

1126013							
I. PLACE OF DEAT	н		2. USUAL RESIDEN	CE (Where dece	ased lived, If	institution: Residen	ce before ad
	omico	MARYLAND	a. STATE	1	b. COUN		
	(if outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	I and	te limits, write	W1 COM1	
write RURAL on	d give nearest town)						
	sbury			sbury			15.055
	ITAL OR INSTITUTION (if not in h		d. STREET ADDRESS				e. IS RESI
Peni	nsula General H	ospital	318	Naylor S	treet		YES 1
NAME OF DECEASED	First	Middle	Last	4. DATE	Month	Day	Year
(Type or print)	MARY	CATHERINE	CHATHAM	DEATH	Ju1y	18	196
SEX	6. COLOR OR RACE 7. MARE	HED THEVER MARRIED THE	. DATE OF BIRTH	19.	AGE (In years	IF UNDER 1 YEAR	IF UNDER 2
Female	1 11 - 2 4 -	M	arch 12, 187	6	last birthday)	Months Days	Hours
					7 l yrs.	1 12 CITIZEN C	E WHAT CO
one during most of w	orking tife, even if retired)	KIND OF BUSINESS OR INDUSTR	II. BIKIMPLACE (Cour	niy & State, or for	reign country)	12. CITIZEN C	r what co
Housewite			Delmar, De	laware		USA	
B. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME			
Jonathan	Beach		Mary E. Go	rdv			
. WAS DECEASED E	VER IN U.S. ARMED FORCES?   10	S. SOCIAL SECURITY NO. 17,	NFORMANT		Address	1	
Yes, no, or unkown)	(If yas give wer or dates of service)	11. 10 (F2011 MT	s. Irene C.	Shores	Daught	er)	
	DEATH [Enter only one cause pe		9 Naylor St.	, Jailar	ury, m		ERVAL BETW
Conditions, if en gava rise to immed (a), stating the cause test.  PART II. OTHE 200. ACCIDENT WOOD OR CONTRIBUTING IIF EITHER, NOTHER	diete ceuse	DATRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMI	NAL DISEASE CO	ONDITION GIV	111111111111111111111111111111111111111	9. WAS AU PERFOR/ YES N
200 ACCIDENT W	VAS UNDERLYING []   20b. D	ESCRIBE HOW INJURY OCCURED	/Ester enture of injury in	Part I as Part II a	Fitom 19 )		IE3   IA
OR CONTRIBUTING	G CAUSE OF DEATH		, tenier serore or injury in	reii i oi raii ji o	i nem ro.,		
(IF EITHER, NOTIF	Y MEDICAL EXAMINER)	N/A					
20c. TIME OF INJ Hour a.m.	URY Month, Day, Yeer 20c		CE OF INJURY (Homa, fare ory, street, office bldg., etc.		r town)	(County)	(5
Hour a.m.	19 et w	170 Tritte parmy	.cel.				
	that (I) (this hospital) atte	nded the deceased from	7/18/6)	19, to	9/10	1179	hat (I) (w
	X - 0		death occurred at 9			1	
saw the decea	ised alive of	A and mar	dearn occurred at 3	1 /11, 11 0/11	no causes	and wit the da	22b.
226. SIGNATURE	1 Julyun	TOP Y		MED.	STAFF	L. L.	1/2/1
les	ren H KOM	- YULW M	D. PHYS	DIRECTOR	PHYS.	July	1441
22c. PHYSICIAN'S		Haama			C 1 1	0 1 1 1	10
	Dr. Carrie I.					, Salisb	
BEHOVAL CREMAT	TION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCAT	ION (City, to	wn or county)	(Stet
Burial Specify	July 21,1967	Parsons Cemet	erv	Salish	ury. M	lary land	
4 FUNERAL DIRECTO		ADDRESS	2Sa. RE			GISTRAR'S SIGNA	TURE
	& COMPANY, SALI	SBURY, MARYLAND	DATE	JUL 24	1967	Milanda	0 .
			DAIL			7 - FEB.	a Vanda

TO HOSPITAL
death. Page 4
TO FUNERAL I
director, page 3
be filed with the

24 hours afte

filled in by

attending physician

VR A15 (4) 15M 7.62

RECOULTY, Maryland
RECOULTY, Mar DATE

titution: Residence before admission)

e. IS RESIDENCE ON A FARM? YES NO X

1967 IF UNDER 24 HRS.

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED? NO

(State)

22b. DATE

IN PART 1(a) | 19. WAS AUTOPSY

79 ....., that (I) (we) last on the date stated above.

12. CITIZEN OF WHAT COUNTRY?

Particular deservations of the Control of the Contr Pendia Mittae (Margarite Committee (2) 1878 12 1878 Marry E. Borrdy The state of the s Or. And ist. Hearn . 226 W. Biyision Street . Sa labut at St. CONTINUES OF THE PARTY OF THE P THE STAY OF SCHOOL STAY STAYEN BATTERNO

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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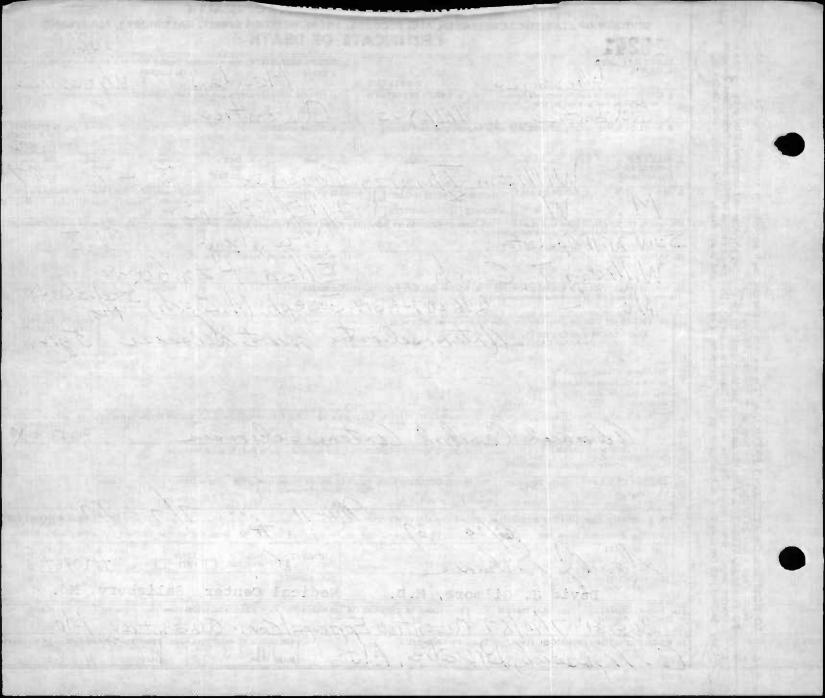
		10240	CERTIFICATE	OF DEATH		10000
er degth		LACE OF DEATH COUNTY Wicomico	MARYLAND	2. USUAL RESIDENCE (Where do	1 consumer	esidence befare admission)
aurs afte		o. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY IN 16	11	rparate limits, write RURAL ar Somerset C	ounty 192
80 Solution / 20		I. NAME OF HOSPITAL OR INSTITUTION (IF not in 1 Peninsula General		d. STREET ADDRESS  Box 254		ON A FARM?  YES NO
		NAME OF First DECEASED Type or print) Joseph	Middle Edward		ATH 7	Doy Year 24 19 6 7
in any event	5. 5	PALE NEGRO W	DIVORCED DIVORCED	8. DATE OF BIRTH 7/19/1902	lest birthday) Mor	JNDER 1 YEAR   IF UNDER 24 HRS nths Days Haurs Min.
and in	duri	USUAL OCCUPATION (Give kind of work done ng mast of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State,	or foreign country)	12. CITIZEN OF WHAT COUNTRY? CA. S.A.
removal,	<	FATHER'S NAME	1/105	14. MOTHER'S MAIDEN NAME  E/z C16	eth Fo	olks
n, ar re	1S. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, na, ar unknawn) (If yes give war ar dates af serv	2/8-61-6486	NFORMANT	Address	
ematia		18. CAUSE OF DEATH (Enter only one cause pe PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	r line for (a), (b), and (c).)	n secido	t +	ONSET AND DEATH
urial, cı		Conditions, if ony, which gave rise to immediate cause (a),	Adeno centino	ma 9 sto	mach -	July 20 1969
		stating the underlying cause DUE 10 (c) _		0		6/21/67 07/20
2	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTR		Garage A		19. WAS AUTOPSY PERFORMED? YES NO
		20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.			
	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour o.m. p.m.	While Nat While factor	ory, street, office bldg., etc.)	Of. (City or town)	(County) (Stote)
the St		21. I certify that (f) (this haspital saw the deceased alive on		t deoth accurred of 1967	M, from causes and	on the date stated above
ed with		100	m.	D. ATTENDING MED. DIRECTO	OR STAFF PHYS.	26. DATE SIGNED 1967
shauld be filed	200	22c. PHYSICIAN'S NAME (Type) Youngs:	MOON, M.W.	Pinnsula		( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (
Shau	B	BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF	67 St. Jan	165 1	1. LOCATION (City or Town)  VESTOVEL  GISTRAR 125b. REGISTR	(Caunty) (State)  AR'S SIGNATURE
(A) (A)	29	FUNERAL DIRECTOR	ADDRESS Chuir	DATE 250. RECD BY RE	26 1987	resides Judges

VR A15 (4

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1				2.0	16 2
1	1. PLACE OF DEATH		2. USUAL RESIDENCE (Where dece	ased lived, If Institution: Resid	dence before edmission)
4	o. COUNTY	21 100	o. STATE	b. COUNTY	
_	WICGMICO	MARYLAND	1 dt V/ dh	d W/1	COMICO
	b. CITY OR TOWN (if outside corporate limits, write-RURAL and give nearest town)	ENGTH OF STAY IN 16	c. CITY OR TOWN (II outside corpora	ite limits, write RURAL and giv	ve neerest town)
1	(1:17 -	11 VL =	Quantico		02.1
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital), s	ive street address)	d. STREET ADDRESS	0	. IS RESIDENCE
	or transfer to the street of t	The silver educess/	d. STREET ADDRESS		ON A FARM?
1					YES NO
	3. NAME OF First	Middle	Last 4. DATE	Month Da	ay Yeer
	(Type or print)	16	OF DEATH	7 - 1	1967
-	5. SEX &   6. COLOR OR RACE   7 MARDIEN X	nom 23	DATE OF BIRTH 9.	AGE (In years   IF UNDER 1 YEA	
	5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED [ ]		ast birthday) Months Day	
	/ / WIDOWED	DIVORCED	113/1884/8	. 3 yrs.	
	10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Steta, or los	reign country)   12. CITIZEN	OF WHAT COUNTRY?
П	done during most of working life, even if retired)		M7. 17. 1	-//	7
-	Jaw Mill UpetzTot		1124 91 Kno		, 0 ,
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	/	
	William / Couc	h	F/10,n /72	moarx	
1		AL SECURITY NO.   17. IN	FORMANT	Address	3/11.
-1	(Yes, no, ar unkown) (Il yas give war or detas ol service)	17 6010	Toseph M.C.	11ch 5 3/	3001
=	NO 2/6	-U/-OB/7	JOSEPH MILL	my Mo	h
	18. CAUSE OF DEATH  Enter only one cause per line for	(a), (b), end (c).]	+- ()//		ONSEL AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	rioscleras	he teert Al	sesse	Justa
	64.00 - 10		17-2-0-		1
	DUE TO			THE REAL PROPERTY.	
	Conditions, il eny, which (b)				
	gave rise to immediate cause (e), stating the underlying  DUE TO				
	cause lest. (c)				
	(0)	TING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(e	19. WAS AUTOPSY
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	10	+ - 0	h-	PERFORMED?
	3 aldranced Ceret	ral (lil	eriosclerase	~	YES NO
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE	HOW INJURY OCCURRED.	(Enter neture of injury in Pert I or Pert II	of item 18.)	
	GONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
- 1	20c. TIME OF INJURY Month, Day, Yaar   20d. INJURY	Y OCCURRED   20a, PLACI	E OF INJURY (Home, farm, 1 20f. (City o	r town) (County)	(Stete)
- 1	20c. TIME OF INJURY Month, Day, Year 20d. INJURY While N		y, street, office bldg., etc.)	(county)	(51616)
		et work	700	-/ /	
	21. I certify that (I) (this hospital) ettended to	the deceased from	1/24 // 19 6 to	117 196	that (I) (we) last
		7/7			
		19.52., and that d	leath occurred at M, from the	ne causes and on me	
	22a. SIGNATURE	/	ATTENDING MED.	STAFF	22b. DATE SIGNED
	davet Silmor	M.D	DUINE DIRECTOR		10/67
	22c. PHISICIAN'S		22d. ADDRESS		
1	NAME (Type) David J. Gilmore	M.D.	Medical Center	, Salisbury,	, Md.
1					
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c.	NAME OF CEMETERY OF	K CREMATORT 23d. LOCAT	ION (City, town or county)	A A (State)
	104131 //10/67 (10	Jan TICO E	015cap2/Com. Q1	LB2 TICO	1010
	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS A	25a. REC'D BY REGISTRA	AR 256. REGISTRAR'S SIGI	NATURE
	1 TW 10 20 into 1/4115	3/ves Ma	- JUL 13 18	101 Hours	1
	1 / / Joues, pic	- 10	DATE		<u> </u>



### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10241

242

CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)
o. COUNTY	a. STATE NO. 1 And b. COUNTY
Wicomico MARYLAND	VIARGIANO FAMILIANORO
b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn)
Salisbury	12HITimore 30.4
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
Deer's Head State Hospital	805 N. Freemont live YES NO
3. NAME OF First Middle	Last 4. DATE Month Doy Year
DECEASED (Type or print)  Carrie  Carrie  Carrie	stis DEATH 7 1 187
, 011110, 00	B. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
MIDOMED D DIVORCED C	last birthday) Manths Doys Haurs Min.
Talletta Mesto	5-11-188# 85 yrs.
10a. USUAL OCCUPATION (Give kind of work done during mast of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Stote, or foreign country)  12. CITIZEN OF WHAT COUNTRY?
Domestic	HCCOMAC UA, U.S.A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Ahel Wise	CAROLING BROWN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
(Yes, no, or unknown) (If yes give war ar dates of service) 217-10-3631	
217-10-3621 7	tred Wise 230 Delaware AVa. DALS.
1B. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).)	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Volvules of sma	11 intestine ONSET AND DEATH
5703	
Conditions, if any, which gave )	and disease -/andia stands V
inse to immediate (duse (d), (	eart disease w/aortic stenosis Years
stating the underlying couse	
lost. ) (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO  20g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL FXAMINER)	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  19. WAS AUTOPSY PERFORMED? YES 1 NO
20g. ACCIDENT WAS UNDERLYING \( \text{120b. DESCRIBE HOW INJURY OCCURRED.} \)	(Enter nature of injury in Part I or Part II of item 18.)
☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	
Hour a.m. While Not While of fac	ACE OF INJURY (Home, form, totory, street, office bldg., etc.)  20f. (City ar town) (County) (Stote)
21.   certify that (1) (this haspital) attended the deceased fram_	, 19, ta, 19, that (I) (we) las
saw the deceased alive on19, and that	at death accurred atM, fram causes and an the date stated above
22a. SIGNATURE	22b. DATE SIGNED
W. Waldly M.	ATTENDING MED. STAFF
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
23g. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	CREMATORY . 23d. LOCATION (City or Tawn) (County) (State)
REMOVAL (Specify)	
DURIA 1-3-61 Uccomac	yccomac yccome la
24. EUNERAL DIRECTOR OF THE PADDRESS	2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE
Loutly to tolky Saliabury. me	DATE JUL 7 1967 yellanes Juage

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

A Paris

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove, carbon papers. Pages 1 and should be filed with the State Dept of Health prior to burial, cremation, or removal, and in only event, within 72 haurs after the death Page 4 may be retained by the hospital or ottending physicion. VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) NOID Salisbury IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS BOW 296-A YES NO T Peninsula General Hospita. 3. NAME OF Middle 4. DATE First Lost Month Day Year DECEASED (Type ar print) DEATH 19 IF UNDER 24 HRS S. SEX 6. COLOR OR RACE NEVER MARRIED B DATE OF BIRTH AGE (In years IF UNDER 1 YEAR 7. MARRIED lost birthday) Manths Days Hours WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, ar unknown) (If yes give wor or dates af service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) ONSET AND DEATH PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Arterio ne prosclaron Canditians, if any, which gave rise to immediate couse (a). DUE TO stoting the underlying cause last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 20o. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (Stote) 20c. TIME OF INJURY Manth, Doy, Year (City ar tawn) (County) Haur a.m. Nat While foctory, street, affice bldg., etc.) ot work 7-4, 19 67 that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased fram. 19 67, and that death accurred at 10 50, fram causes and an the date stated above. saw the deceased alive an 22a. SIGNATURE 22b. DATE SIGNED DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) delicus 23a. BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify)

2Sa. REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATURE

**O HOSPITAL OR ATTENDING PHYSICIAN:** The law re Poge 4 may be retained by the hospital or ottending O FUNERAL DIRECTOR: After this certificate director, I should be

VR A15 (4) 20 M 1/66

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FUNERAL-DIRECTOR

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physician g

executed within 24

The law requires that the death certificate be

the first of the f

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If

5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2

VR A 15ME (5)

10244

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, Item #23c Film # **BALTIMORE, MARYLAND 21201**

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10243

PLACE OF DEATH     O. COUNTY	Di Seginale			1	o. STATE	(Where deceosed	lived, if institut		befare admission)
o. Codivit	Wicomico		MAR	YLAND		yland	b. Cour	73 9 1	imore
	(If autside carparate limits and give nearest tawn)	5,	c. LENGTH OF STAY	IN 1b	CITY OR TOWN (If o	utside corporate			neorest town)
WING KOKAL C	Salisbury				Bal	timore	21	1234	13.2
d. NAME OF HOSE	PITAL OR INSTITUTION (If no	it in haspital, gi	ve street address)	(	. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
DOA	Peninsula G	eneral	Hospital		262	1 Winds	or Road		YES NO
3. NAME OF DECEASED	Fir		Middle		Last	4. DATE	Mont		Day Year
(Type or print)	AGNE	S	A9.B,	DAUER		OF DEATH	7	-25-67	19
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	D 8. 1	DATE OF BIRTH	9. 1	AGE (In years last birthday)	Months (	
F	W	WIDOWED	DIVORCE	D 🔲	10-1-09		57 yrs.	Monins	Days Haurs Min.
	ON (Give kind of work done		ID OF BUSINESS OR	3	11. BIRTHPLACE (State	-	try)		ZEN OF WHAT
during most of working	contest four	euro	TRECT rome	791	Balto	maj		2	NTRY?
13. FATHER'S NAME	7	0		1	4. MOTHER'S MAIDEN	NAME	1	1	
Phus	toles tik	30R4			Clanes	K. Sc	back	es	
15. WAS DECEASED E	VER IN U.S. ARMED FORCES? ) (If yes give war ar dates a	16.5	OCIAL SECURITY NO.	17. INF	DRMANT	1- in	Addre	ess Ser	no
(res, nd, dr unknown	(II yes give war ar adies a		6-10-2		o, agnes	K. 13	ory (	more	te 1
1B. CAUSE OF	DEATH (Enter anly one cau								INTERVAL BETWEEN
PART I. DI	EATH WAS CAUSED BY: IMMEDIATE CAUSE	(a) Act	te conges	stive h	eart fail	ure			ONSET AND DEATH
289	DUE						110		
	ny, which gove	(b) Hen	nochromato	osis					
rise to immedi		TO							
last.	)	(c)	1.0						
PART II. OTHER	SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO	DEATH BUT NOT RE	LATED TO THE	TERMINAL DISEASE CO	NDITION GIVEN I	N PART 1(a)		19 WAS AUTOPSY PERFORMED?
ATIO	General	ized ar	terioscle	prosis					YES X NO
200 EXTERNAL PRIMARY Or (		20b. DES	CRIBE HOW INJURY C	CCURRED. (En	er nature af injury in	Part I or Part II	af item 1B.)		
	CONTRIBUTING   .								
20c. TIME OF IN	JURY Manth, Day, Year		JURY OCCURRED		F INJURY (Hame, far		City or tawn)	(Coun	ty) (State)
Hour	a.m. p.m. 19	While at work	Nat While at work	factory,	street, office bldg., etc	)			
21. I cert	ify that I taak charge			bave, held	an Autapsy 🔼	Inspection	A Ingi	uiry X,	and in my apinian
			. Accident		The state of the s		etermined m		and in my apinion
	801				CHIEF MEDICAL		]		
ACTUAL SIGNATURE	land L	- 4	2		A D ASSISTANT ME	DICAL EXAMINER			22. DATE SIGNED
EXAMINER'S	Earl L. Roy	er. M.I	X			AL EXAMINER [	X	July	25, 1967
NAME (Type)	109 Camden	Ave.	alisbury.	Md.		et, city, tawn, ar	county)		
230. BURIAL, CREMA	TION, 23h DATE THE	REOF San	23c. NAME OF LEM	ELERY OR CR	MATORY EM	23d. LOCA	TION (City or To	wr) a di	County) (State)
Banag Speci	July 10	967	78741	MANE	1 Person	more	hem	1410	rud
24. FUNERAL DIREC	TOR Euris	& form	ADDRESS		2So. REC	D BY REGISTRAR	1007ºSb. RE	CHETRAR'S SIG	NATURE
Curtis E	vans Funeral	. Home,	Baltimore	e, Md.	DATE	02 20	100		0

which present from the

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10245

#### CERTIFICATE OF DEATH

10244

1. PLACE OF DEATH				2. USUAL RESIDENCE (	Where dece			ce before	admissio	an)
a. COUNTY	Wicomico		MARYLAND	o. STATE Mary	yland	b. COU	NIY Wi	comi	.00	
b. CITY OR TOWN	(If autside carparate limits,		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If au	utside corpo	rate limits, write RU	RAL and give	nearest	tawn)	
WIITE KUKAL OF	saresbury		7 days	Marc	dela	(Rurai	)	22	1	
d. NAME OF HOSPI	ITAL OR INSTITUTION (If not in	haspital, g	ive street address)	d. STREET ADDRESS				0	IS RESID	DENCE
	Deer's Head	State	e Hospital	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	rntow	n Road		У	ON A FA	NO
3. NAME OF	First E	Beatr	ice Middle	Lost	4. DATE		th	Day	Yeo	or
(Type or print)	ETTA/		(PATTON)	ECHARD	OF DEAT	н 7		18	196	7
S. SEX	6. COLOR OR RACE 7.	MARRIED	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years	IF UNDER		IF UNDER	
F	W	VIDOWED :	DIVORCED A	pril 23, 18	92	last birthday) yrs.	Manths	Days	Hours	Min.
	N (Give kind af wark done		ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (County	& State, or	foreign country)	12. CIT	IZEN OF	WHAT	
during most of working  Housework		INI	JUSIKI	Fairfield	, Vir	ginia	(0)	UNTRY?	SA	
13. FATHER'S NAME				14. MOTHER'S MAIDEN I	NAME					
Basil H.	Patton			Annie Jui	ia Pi	ckerei				
15. WAS DECEASED EV	ER IN U.S. ARMED FORCES?	16. S	OCIAL SECURITY NO. 17.	Sharptown R	Echa	rd (Sonth	ess		T. C.	and the
No	(If yes give war at dates af ser	22	0-09-1862-A	Sharptown R	oad,	Mardela,	Maryl	and		
18. CAUSE OF C	DEATH (Enter anly one cause po	er line for	(a), (b), and (c).)						RVAL BET	
PARI I. DEA	ATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)	Ly	mphoblas toma					The	FLAND	EATH
200	DUE TO									
Conditions, if and rise to immedia										
stating the und										
lost.	) (c)_									
PART II. OTHER S	SIGNIFICANT CONDITIONS CONTR	IBUTING T	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	NDITION GI	VEN IN PART 1(a)			WAS AUTO	
20o. ACCIDENT WA										NO 🗌
200. ACCIDENT WA	AS UNDERLYING □ G □ CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Part I ar P	art II of item 18.)				
THE CHITICAL MOTIFIE	MEDICAL EXAMINER)		N/A							
20c. TIME OF IN.	JURY Manth, Day, Year	20d. IN While		CE OF INJURY (Home, farm tary, street, affice bldg., etc.)		(City or tawn)	(Cou	inty)	(5	State)
р.	.m. 19	at work	ot work		_					
21. I cert	ify that (1) (this hospita	l) attend	ed the deceased fram_	July II ,	9 67	ta_July ]	8 , 19 (	67, the	it (l) (v	we) las
	leceased alive an Util	A TO	19 <u>67</u> , and tha	t death accurred at	0:55 A	M, fram causes				abave
22a. SIGNATURE	W. We	ul	elen, M.	D. PHYS.	MED. DIRECTOR	STAFF PHYS.	22b. DA	TE SIGNE		
22c. PHYSICIAN'S			/	22d. ADDRESS					Md.	
NAME (Type	L. V. Mald	ve, l	1. D.	Deer's He	ead S	tate Hosp	ital,	Sal	isbu	ry,
230. BURIAL, CREMATI	ION, 23b. DATE THEREOI		23c. NAME OF CEMETERY OR			LOCATION (City or To	,	(County)	,	tate)
BUT 1 a l	July 20,	1967	Springhill Me	emory Garden	S	Salisbury	, Mary	land	t	
24. FUNERAL DIRECTO			ADDRESS	2Sa. REC'D	- 0	TRAR 25h	CISTRAR'S SI	GNATURE	das	-
HOLLOWA	Y & COMPANY,	SALIS	ROKY, MAKYLANI		20	1967 /	- C- MUA	0 1	1	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove certain papers. Pages 1 and 2 should be filed with the State Dept. at Health prior to burial, crematian, or remaval, and in any event, when 72 hours ofter death. Page 4 may be retained by the hospitol or attending physicion.

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- Sustrail	The state of the s	A-1401-00-032		
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dallal (Lati	regi kigan bear a'ga			
		AL SEURY, PARTE		

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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10246	
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CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission)
o. COUNTY Wicomico MARYLAND	o. STATE Virginia b. COUNTY Arlington
b. CITY OR TOWN (If outside corporate limits,  wite RURAL and give neorest town)  c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS e. 1S RESIDENCE
Peninsula General Hospital	1114 No. Stuart Street ON A FARM?
3. NAME OF DECEASED (Type or print) LESIJE CECIL CECIL  S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	Lost 4. DATE Month Doy Year OF DEATH OUT 4 1967  DATE OF BIRTH 9. AGE (In years / IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) Months Doys Hours Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Carpenter  13. FATHER'S NAME  WINDUSTRY  U.S. Gov. (Ret.)	Aug. 5,1900 66 yrs.  11. BIRTHPLACE (County & Stote, or foreign country)  12. CITIZEN OF WHAT COUNTRY?  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. I	Virginia Hepler NFORMANT Address Mrs Ethel V. Eggleston
1B. CAUSE OF DEATH (Enter only one couse per lipe/for (o), (b), ond (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  (b)  DUE TO  (c)  Stoting the underlying couse  last.	In fanction Interval Between ONST AND DEATH  Carlo Van arla drawn hulkhum
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO 10  200. ACCIDENT WAS UNDERLYING   200. ACCIDENT WAS UNDERLYING   200. ACCIDENT WAS UNDERLYING   (IF EITHER NOTIFY MEDICAL FXAMINER)	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  19. WAS AUTOPSY PERFORMED? YES NO  (Enter noture of injury in Port I or Port II of item IB.)
20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, forms 20f. (City or town) , (County) (Stote)
21. I certify that (1) (this haspital) attended the deceased fram_saw the deceased alive an	22d. ADDRESS
230. BURIAL (REMATION, REMOVAL (Specify) 7/27/67 23c. NAME OF CEMETERY OR CO. REMOOD CO. REMOOD CO.	
	Cemetery Falls Church, Va.  V 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Arlington Funeral Home Fairfax D	111 0 0 4007 11/1 10 11 400

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the State Dept. af Health prior to burial, crematian, ar remaval, and in any evert, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 20 M 1/66

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Mineral Street, Street			physiolesis (base 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,
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#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

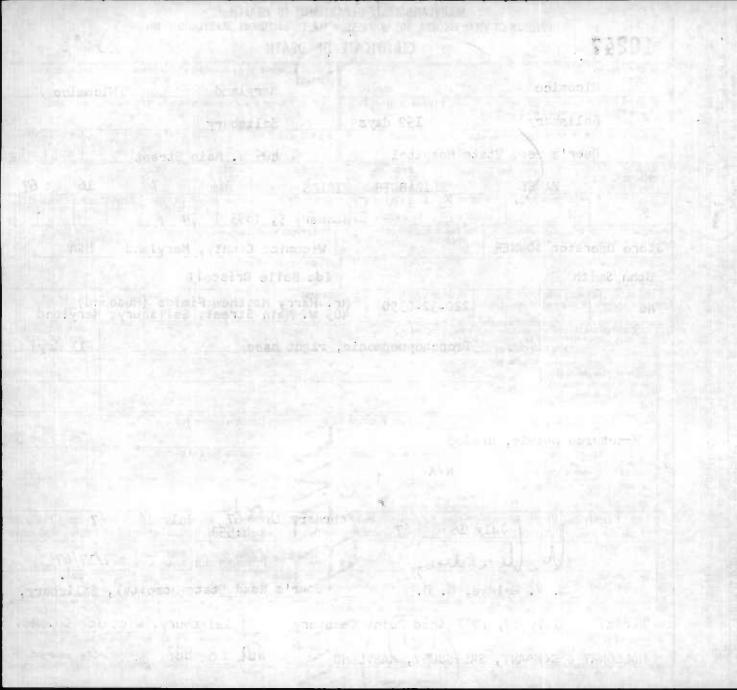
1024	7		CERTIFIC	CATE	OF DEATH			IUA	量0
1. PLACE OF DEAT	Wicomico				2. USUAL RESIDENCE (V o. STATE		l lived, if institut b. COUI	NTY	1000
CONTRACT TOUR			MARYLA			yland	to the state of the	Wico	
	(N (If autside corparate lim	nits,	c. LENGTH OF STAY IN	11	c. CITY OR TOWN (If au	itside corparate	limits, write KUI	RAL ond give nea	rest tawn)
	Salisbury		152 day	3	Sal	isbury		22	
d. NAME OF HO	SPITAL OR INSTITUTION (IF	nat in haspitol, (	give street address)		d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
	Deer's Head	State	Hospital		405	W. Maj	n Stree	t	YES NO
3. NAME OF		First	Middle		Last	4. DATE	Mont		oy Year
(Type or print)	PANSY		ELIZABETH	FI	ELDS	OF DEATH	7	10	6 19 67
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		DATE OF BIRTH		AGE (In years	IF UNDER 1 YEA	
F	W	WIDOWED	DIVORCED	HI.	nuary 5, 18	803	lost birthday) 74 yrs.	Manths Doy	s Hours Min.
IO. LICUAL OCCUDA	TION (Give kind of work dor		ND OF BUSINESS OR	L ha	11. BIRTHPLACE (County		1	12. CITIZEN	OF WHAT
during most of work	operator &UWN		DUSTRY	WH.	, ,			COLINTA	F34
		IER			Wicomico (		, Maryla	inu U	SA
13. FATHER'S NAM					4. MOTHER'S MAIDEN I		1.1		
John S	mıtn				Ida Belle				
15. WAS DECEASED	EVER IN U.S. ARMED FORCE	S? 16.	SOCIAL SECURITY NO.	17. INF	ormant • Harry Ma 5 W. Main	tthew F	ields Addr	Husband	)
(A 62/19 OL DUKUOA	vn) (If yes give war ar date	S Of Service) ZZ	0-32-0350	40	5 W. Main	Street	Salish	ury. Ma	ryland
	F DEATH (Enter only one of DEATH WAS CAUSED BY: IMMEDIATE CAU		(a), (b), and (c).)						NTERVAL BETWEEN ONSET AND DEATH OBVS
49	1	UE TO					175 - 17		•
Conditions, if	any, which gove )	(b)							
	diate cause (a),	UE TO							-1-1-874
last.	nderlying couse								
	,	(c)	TO DESTRUCTION OF ATLANT	TO TO THE	TERMINAL DISCASE CON	NDITION CREEN	AN DADT 1/a)	1	19. WAS AUTOPSY
FART II. OTHE	R SIGNIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT NOT KELAT	ED TO THE	E TERMINAL DISEASE CON	NUTTION GIVEN	IN PART I(0)	35 0 111	PERFORMED?
Fract	tured pelvis	, heale	d						YES NO X
OR CONTRIBUT	WAS UNDERLYING  ING CAUSE OF DEATH	20b. DE	SCRIBE HOW INJURY OCCI	URRED. (En	ter noture of injury in	Part 1 ar Part	II af item 18.)		
(IF EITHER, NO	TIFY MEDICAL EXAMINER)		N/A	D1 + 65	on tulunu (II	1 001	15:1	((	154-4-1
	INJURY Month, Day, Yeor 'a.m. p.m.	9 20d. I While ot war	Not While		OF INJURY (Hame, form , street, affice bldg., etc.)		(City or town)	(Caunty)	(State)
	ertify that (1) (this be deceased alive an	ospital) atten	ded the deceased fr	om Fet	ruary 11, 1	19.67 to	July 1 fram causes	6 , 19.67, and an the d	thot (I) (we) la
22g. SIGNATI			4					22b. DATE SI	
120. 310.00	W	heald	lu_	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		7/67
22c. PHYSICI					22d. ADDRESS				Md.
NAME (T	ype) L. V. N	Maldve,	M. D.		Deer's He	ead Sta	te Hosp	ital, Sa	alisbury,
23o. BURIAL, CREN	AATION. 23b. DATE	THEREOF	23c. NAME OF CEMETE	ERY OR CR	EMATORY .	23d. LOC	ATION (City or To	wn) (Cou	nty) (State)
REMOTAL SE	: ( ):	9, 1967					sbury,	Wicomic	o Co., Md.
24. FUNERAL DIR	ECTOR		ADDRESS		2Sa. REC'I	D BY REGISTRA	R 2Sb. R	EGISTRAR'S SIGNA	TURE

HOLLOWAY & COMPANY, SALISBURY, MARYLAND

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and candietely filled in by the teneral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove tarban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar ta burial, crematian, ar removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 25M 1/67

DATE JUL 18 1967



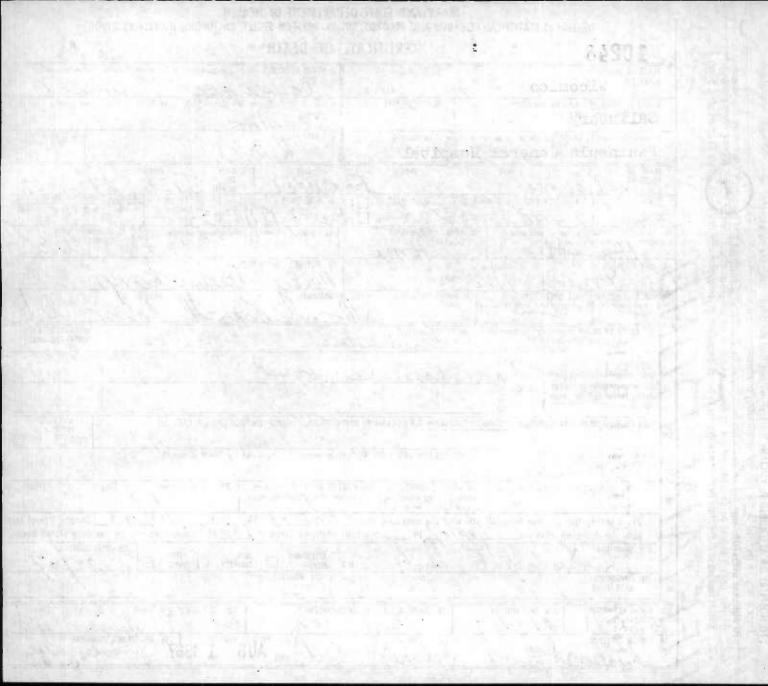
MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		10248	*	CERTIFICATE	OF DEATH		10247	
		PLACE OF DEATH COUNTY Wicomico		MARYLAND	2. USUAL RESIDENCE (Whe a. STATE	re deceased lived, if institution b. COUN		ssian) /
	t	o. CITY OR TOWN (If autside carparate limi Switz RURAL and give nearest tawn)	ts,	. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autsid	e carparate limits, write RUF	RAL and give nearest tawn)	
0		i. NAME OF HOSPITAL OR INSTITUTION (IF n Peninsula Gener			d. STREET ADDRESS	-1	e. IS RE ON A YES	FARM?
	[	NAME OF PECEASED Type or print) LOUISE	irst	Middle Fo	Last 4 XWELL	DATE Mant OF DEATH JULY	20	Year 9 6 7
		SEX 6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED   8	DATE OF BIRTH Dec, 8, 1911	9. AGE (In years Jost birthday) yrs.	Manths Days Haurs	DER 24 HRS. S Min.
		USUAL OCCUPATION (Give kind of work dane ng most of working life, even if refried)	10b. KIND INDUS	OF BUSINESS OR STRY	11. BIRTHPLACE (County & St	tate, ar fareign country)	12. CITIZEN OF WHAT COUNTRY?	5
	13.	FATHER'S NAME	Hear	ν	14. MOTHER'S MAIDEN NAM	Beauch	amo	
	1S. (Ye:	WAS DECEASED EVER IN U.S. ARMED FORCES, s, na, ar unknawn) (If yes give war ar dates	af service) 16. SOC	TIAL SECURITY NO. 17.	STUN 16	havel &	elmor d	0,1
		18. CAUSE OF DEATH (Enter only one co PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE		(b) and (c).)	ale		INTERVAL B ONSET AND	
		170 × DUI Canditians, if any, which gave	(b) E TO	Concer D	beart			
3	ATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO I	DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDIT	ION GIVEN IN PART 1(a)	19. WAS AU PERFOR YES	JTOPSY RMED? NO
	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCR	IBE HOW INJURY OCCURRED. (	Enter nature af injury in Part	l ar Part II af item 18.)		
	MEDICAL	20c. TIME OF INJURY Manth, Day, Year Haur a.m. p.m. 19	While -	Nat While facto	E OF INJURY (Hame, farm, ary, street, office bldg., etc.)	20f. (City ar tawn)	(Caunty)	(State)
		21. I certify that (I) (this ha saw the deceased stive an_	spital) attende		7/28/67, 19 death occurred at 1	5 ta 7/29/ M, fram/causes	and an the date stat	
		220. SIGNATURE Scehard	16	Hughes M.C	711101	D. STAFF PHYS.	22b DATE SIGNED /	7
1		22c. PHYSICIAN'S NAME (Type)		V	22d. ADDRESS		1/	/
	230	BURIAL, CREMATION, 23b. DATE THE REMOVAL (Specify)	HEREOF	23c. NAME OF CEMETERY OR (	REMATORY	23d. LOCATION (City or To	Reconser.	(State) A.
	24.	FUNERAL DIRECTOR	and it	ABDRESS	25a. REC'D B)	REGISTRAR 25b. RE	GISTRAR'S SIGNATURE	see.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

20 M 1/66



# necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral directar. Page 4 shauld be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page any delay is 5 may be retained far yaur files. TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages land 2 with the State Department of TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If

VR A 15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE, MARYLAND 21201 **DIVISION OF VITAL RECORDS, 301** 

10249

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10248

1.	1. PLACE OF DEATH  o. COUNTY  Wicomico  MARYLAND				APYI AND	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE Mary Land b. COUNTY Wicomico						
	b. CITY OR TOWN (	If outside corporate limits d give nearest town)	,	c. LENGTH OF STA		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)			d. STREET ADDRESS	HICTCO			22	e. IS RESI	DENCE		
					+0 1				ON A F	ARM?		
	DOA Peninsula General Hospital				te L				YES			
L	NAME OF DECEASED (Type or print)	Fir MAMI		Middle		Lost GALE	4. DATE OF DEATH		-25-67	Doy	19	
S.	SEX F	6. COLOR OR RACE  AA	7. MARRIED WIDOWED	NEVER MARR		8. DATE OF BIRTH 9-27-01		9. AGE (In years last birthdoy) 65 yrs.	Months Months	Days Days	Hours Hours	R 24 HRS. Min.
du	DOMES T FATHER'S NAME	(Give kind af work dane life, even if retired)		ND OF BUSINESS OR DUSTRY None	43-6	11. BIRTHPLACE (Statement of the statement of the stateme	and		12. CI	TIZEN OF DUNTRY?		
	Rende	11 Horsey				Annie	1600					
1S (Y)	. WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give war or dates a		SOCIAL SECURITY NO		INFORMANT	Moo	Wolf	_			
	18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)							ERVAL BE SET AND I				
	Conditions, if ony	(n) ezuna el	(b) Pe	rforatio	n of	duodenal ul	cer		days			
	stating the unde		(c)									
ATION	PART II. OTHER SI	GNIFICANT CONDITIONS CO	ONTRIBUTING T	O DEATH BUT NOT I	RELATED TO	THE TERMINAL DISEASE CO	ONDITION GIV	/EN IN PART 1(a)			WAS AUT PERFORM ES X	OPSY NED?
CERTIFICATION	20a. EXTERNAL CA PRIMARY ☐ ar CO CAUSE OF DEATH.		20b DE:	SCRIBE HOW INJURY	OCCURRED	(Enter noture of injury in	Part I or Pa	art II of item 18.)				
MEDICAL	2Dc. TIME OF INJ Haur a.i	10	2Dd. IN While of wark			ACE OF INJURY (Hame, far tory, street, affice bldg., etc		(City or tawn)	(Co	unty)		(State)
	21. I certif	y that I tage charge	af the ren	nains described	obove, h	eld on Autopsy 🔏	, Inspect	tion A, Inq	uiry X7,	and	in my	opinion
13	death resul	ted from Noture	causes 🕱	], Accident [	, Sui	cide , Homicid	e 🔲 . l	Indetermined n	nanner [		380	
	ACTUAL SIGNATURE	Tail (	- K	w		CHIEF MEDICA M.D. ASSISTANT ME		NER _	130	- 2	22. DATE	SIGNED
		Earl L. Roy 109 Camden	er, M.I	Sallshum	Md.	DEPUTY MEDI Address (Stre			July	28,	1967	?
L	o. BURIAL, CREMATIC REMOVAL (Specify BULLS	$\frac{236}{7}$ DATE THE	REOF	23c. NAME OF TE	EMETERY OR	Cemeterv	D BY REGIST	OCATION (City or To		(County	co	State) Md.
	4. FUNERAL DIRECTO Clinton S	Children X	tella:	ne, Salis	bury,				(Clay			4

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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10250

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the hospital or attending physician.

# CERTIFICATE OF DEATH

10249

- 1					CERTITIO	CAIL	OI DEATH			JE O PA	20	
1		LACE OF DEATH		1, 100 A.AR.			2. USUAL RESIDENCE	(Where deceosed liv	ed, if instituti	on: Residence be	fore odmissir	on)
	(	. COUNTY	Wicomico		MARYLA	AND	o. STATE Mary	rland	b. COUN	Some:	rset	J
	ŀ	. CITY OR TOWN (	f outside corporate limits	,	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (If	outside corporate lin	nits, write RUR	AL ond give neo	rest town)	
		Write KUKAL ond	Salisbury		55 days		West	tover		19	1.2	
	(	I. NAME OF HOSPITA	AL OR INSTITUTION (If no	t in hospitol, g	ive street oddress)		d. STREET ADDRESS	(A)   (A)			e. IS RESID	DENCE ARM2
			Deer's Hea	d State	e Hospital			-				NO.
		AME OF	Fir	st	Middle		Lost	4. DATE OF	Montl		oy Yeo	
	(	Type or print)	OLIVE		PUSEY		FIBBONS	DEATH	7	24	196	
I	5. 5	REX	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED  DIVORCED		DATE OF BIRTH	las	E (In yeors t birthdoy) 3 yrs.	Months Doy		Min.
ł		b	(Give kind of work done		ND OF BUSINESS OR		11. BIRTHPLACE (Count			12. CITIZEN	OF WHAT	_
	duri	Housewing		INI	DUSTRY		Somerset			U.S	Y?	
ŀ	13.	FATHER'S NAME					4. MOTHER'S MAIDEN			0.0	•	
ı		Tohr	U. Cantv	rell			Edor	a Brown			-	
		WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16. 9	OCIAL SECURITY NO.	17. INF	ORMANT		d Otte	ntico	Rd.	Are 1
	(16	s, no, or unknown)	(If yes give wor or dotes o	r service)		Mrs	Mary D					
ŀ			ATH (Enter only one cou	se per line for	(o), (b), ond (c).)	,	1	-			INTERVAL BET	WEEN
1		PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE	(o) C	rebras	17	worde	oses			ONSET AND B	HAIH
		443	X DUE	TO //	+		P	1 +3	16	+0		_)
		Conditions, if ony,	(0) 021103 0	(b) Hy	pertension	~ U	strose	cliptic	The	A Design	~ M	m/7
		stoting the under		TO //						11.00		
		last.		(c)								
	NO	PART II. OTHER SI	GNIFICANT CONDITIONS CO	ONTRIBUTING T	O DEATH BUT NOT RELAT	TED TO THE	TERMINAL DISEASE C	ONDITION GIVEN IN	PART 1(o)		9. WAS AUTO PERFORM	ED?
	CERTIFICATION	00 ACCIDENTANCE	Hunralium F3	1001 055	color Holl Million Acc	TURNED /F			( ) ( )		YES	NO X
	ERTIF	20o. ACCIDENT WAS OR CONTRIBUTING	CAUSE OF DEATH	20b. DE:	SCRIBE HOW INJURY OCC	UKKED. (En	ter nature of injury in	n Port I or Port II o	f ifem 18.)			
	AL C		MEDICAL EXAMINER)	1 202 14	IJURY OCCURRED 2	OD- DLACE	OF INJURY (Home, fa	rm. 20f. (Cit	y or town)	(County)		(Stote)
	MEDICAL	Hour o.r	1.0	While of work	Not While		, street, office bldg., et		y or rown)	(County)		(31016)
I						rom Ma	7 30	1967 to	July	24, 1967	that (1) (	we) las
I		saw the de	y that (I) (this hosp ceased alive an	July 2	1 19 67, an	nd that a	leath occurred o	12:30PM, fro	am causes o	and an the d	ote stoted	above
I		220. SIGNATURE	12 000	1.1	11		ATTENDING (3)	MED.	STAFF	22b. DATE SI	GNED	
Ì		RE	1/10	tella	u	M.D.	PHYS.	DIRECTOR .	PHYS.	7/24		
1		29C. PHYSICIAN S NAME (Type)	A C WE		M D		22d. ADDRESS		Wanni		d.	
1			A. C. MI				Deer's He					
		BURIAL, CREMATIC REMOVAL (Specify			23c, NAME OF CEMETE Emmanuel				ON (City or Tov	wn) (Cour		101e)
(		FUNERAL DIRECTO			ADDRESS	Ceill	250 RE	C'D BY REGISTRAR		GISTRAR'S SIGNA		,00
1	1	nels	1/ mene	1	Princes	s An	ne, Md	JUI 28	1967	VCldones		
- 1	100	N.	and or or or	-			UAIL		ALFO /	I Loberton	Place Vacan	of mile

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decrees the	bestyres		ost and
	navors.	avall R2	vinde 11.2
		levinso- mas	Filmed a '-red'
		24607	avile 2.5
	.une 14,1084   52		
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	15 07 10		
7 2 7			All Controls
ionelia, edelica.	destroy profession	Communal Co	CO. BEYT TELETHON

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

	DIVISIO	N OF STATIST	ICAL RESE			IN STREET, BALTIMOI	RE 1, MARYLAND
	1025			CERTIFICAT	TE OF DEATH	1	10250
1.	PLACE OF DEAT a. COUNTY Wicom	ico		MARYLAND	a. STATE Delawa	b. coun	ssex
	b. CITY OR TOW Write RURAL	N (If outside corpor and give nearest to	ate limits, wn)	c. LENGTH OF STAY IN 1b			te RURAL and give nearest town)
_	Salis		ION (If not in b	ospital, give street address	(Rural)	Frankford	46 3
	Sprin	ghill Sar			d. STREET ADDRESS		ON A FARM?
3.	NAME OF DECEASED		First	Middle	Last	4. DATE Month	Day Year
1	(Type or print)		arry	A. G	Hodwin Sr.	DEATH July	7 19 67
ß.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	IFUNDER 1 YEAR   FUNDER 24 HRS. Months   Days   Hours   Min.
_	M	W	WIDDWED	DIVDRCED	2/10/1877	90 yrs.	
10 du	a. USUAL OCCUPAT	TION (Give kind of wor	k done 10b. K	IND OF BUSINESS OR	11. BIRTHPLACE (C	County & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
R	etired	Farmer			Delawar		USA
13	. FATHER'S NAM	IE			14. MOTHER'S MAIL	DEN NAME	
	Ebe	W. Godwin	1		Hett	tie Godwin	
1! (Y	5. WAS DECEASED	EVER IN U.S. ARMED I	ORCES?   16.	SOCIAL SECURITY NO.   17.	INFORMANT	Addres	S
,,	No	(11 year give than or mace.		21-24-3133 A	( Mary Ann	na Godwin) Fr	ankford, Del.
		DEATH [Enter only o	ne cause per l	ine for (a), (b), and (c).]	- 0		I INTERVAL BETWEEN
F	PART I. DI	EATH WAS CAUSED E	Y: Ca	remema	on Call	n well	ONSET AND DEATH
	1538		E TO	metastase	. /		10.
	Conditions, If	any, which }	(b)	Metariase	4		18mm.
	gave rise to cause (a), s		E TO				
1	underlying caus		(c)				
CERTIFICATION	PART II. OTHER S	SIGNIFICANT CONDIT		JTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL I	DISEASE CONDITION GIVEN IN F	PART 1(a) 19. WAS AUTOPSY PERFORMED? YES ND
	20a. ACCIDENT OR CONTRIBUT (IF EITHER, ND	WAS UNDERLYING ING CAUSE OF DETIFY MEDICAL EXAM	ATH IINER)	DESCRIBE HOW INJURY OCC	CURRED. (Enter nature o	f Injury In Part I or Part II of	Item 18.)
MEDICAL	20c. TIME OF Hour a.i	***	While	Not While fact	ACE OF INJURY (Home, fatory, street, office bldg., e	arm, 20f. (City or town)	(County) (State)
-				ed the deceased from	1	9 to	that (I) (we) last
8		ceased alive pn_		19, and th			and on the date stated above.
	22a S GNATU		M. y		ATTENDING -		22b. DATE SIGNED
	22c. PHYSICIA NAME (T		1		22d. ADDRESS		
23	a. BURIAL, CREM	IATION, 23b. DATE	THEREOF	23c. NAME OF CEMETER	RY OR CREMATORY	23d. LOCATION (City, to	wn or county) (State)
	Burial		0/67	Roxana Cen	netery	Roxana,	Delaware

1967

REC'D BY REGISTRAR

DATAUG

REGISTRAR'S SIGNATURE

Roxana

FUNERAL DIRECTOR

VR A15 (4) 15M 4-64

ALEXANDER DE COLORO DE LA PROPERTIE DE MARIE DE MARIE DE LA PROPERTIE DE LA PORTIE DE LA PROPERTIE DE LA PROPE and the class the same The second of th MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

102

		10252	CERTIFICATE	OF DEATH 1025	1				
		PLACE OF DEATH  O. COUNTY  Wicomico	MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before o. STATE Maryland b. COUNTY Somer:					
	b	o. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) Salisbury	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corporate limits, write RURAL and give neorest Monie	town)				
	d	NAME OF HOSPITAL OR INSTITUTION (If not in ho		d. STREET ADDRESS e.	IS RESIDENCE ON A FARM?				
		Peninsula General		M	ES NO				
1	1	NAME OF DECEASED Type or print) Lydie	Wesley	Hall DATE Month Doy Hall DEATH Quly 11	Year 19 6 7				
1	S. S	ToT	DOWED A DIVORCED	Jan. 9, 1878 89rthday Months Doys	Hours Min.				
		USUAL OCCUPATION (Give kind of work done no post of working life event refired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Stote, ar foreign country)  Somerset Co., Md.  12. CITIZEN OF COUNTRY?	WHAT				
1	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
4		George Hall		Elizabeth Lawrence					
	IS. (Yes	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, ar unknown). (If yes give war ar dofes af service)	-1	orge Hall, Monie, Md.					
		CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY:     IMMEDIATE CAUSE (o)	line for (a) the and (c).		RVAL BETWEEN ET AND DEATH				
	Conditions, if ony, which gove ) UE TO CHURALIA CUlturaselle and								
		rise to immediate cause (o), stating the underlying couse	Children o	y de la companya de l					
		last. (c)	,						
3	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)							
	CERTIFICATION	20₀. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (	(Enter nature of injury in Part I ar Part II of item 18.)					
	MEDICAL	20c. TIME OF INJURY Manth, Doy, Year Hour a.m. p.m. 19		CE OF INJURY (Home, form, ory, street, office bldg., etc.) (City ar town) (Caunty)	(Stote)				
		21. I certify that (I) (this haspital) saw the deceased alive on		t death accurred at 6357 M, fram causes and an the date	at (I) (we) last				
		22a. SIGNATURE	M.D	ATTENDING MED. STAFF 22b. DATE SIGNE					
1		22c. PHYSICIAN'S NAME (Type)	Briele	22d ADDRESS WILL COMEN Saled	is mil				
	23a	Burial, Cremation, 23b. Date thereof 7/13/67	23c. NAME OF CEMETERY OR CEMET	CREMATORY Princess Anne; Some	Mospie)				
)	24	FUNERAL DIRECTOR	ADDRESS A	250. REC'D BY REGISTRAR 1967. REGISTRAR'S SIGNATURI	Yunge				

deoth. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours ofter deoth. Page 4 may be retained by the hospital or attending physicion.

VR A15 (4) 20 M 1/66

Manufacture of the property of the party 1878 - 1878 - 189 m (Numericat Co., Ma. Isans o mame and the strok , the grace! Becchycod TORGERN STIRS CONCERNS las vi lul bannal suconing

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120

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- million	1	-	40	-

# CERTIFICATE OF DEATH

u	41	40		
10	1	0	(box	(1)
0	2. 3	To put	Proj.	1
13	E 0	Fred	0.3	61

1	PLACE OF DEATH		2. USUAL RESIDENCE (V	Where deceased lived, if institution: Resider	nce before odmission)
	a. COUNTY Wicomico		a. STATE 10 . 1	6. LOUNTY	1
	MICOUITCO	MARYLAND	1/10	Simil	1200
	b. CITY OR TOWN (If autside corporate limits,	c. LENGTH OF STAY IN 1b	CATTY OF TOWN (If ou	itside corporote limits, write RURAL and giv	e neorest town)
	Swite Rak and give pearest tawn)	C. ELNOTH OF STAT IN 10	CALL ON TOWN (III OO	iside corporore illilis, while kokat one giv	is neorest rown,
	Ballsbury		1 rana	us (romo	17
	I NAME OF HOSPITAL OR DISTITUTION OF A	3.1	d. STREET ADDRESS	evi ovina	e. IS RESIDENCE
10	d. NAME OF HOSPITAL OR INSTITUTION (If not in has		d. SIKEEL ADDRESS		ON A FARM?
	Peninsula General	Hospital			YES NO Z
			<u> </u>		
3.	NAME OF First	Middle	Lost	4. DATE Manth	Day Year
11	DECEASED ( ) / / / /	Odling 11-		OF	24 19/19
/	(Type or print)	cours Ha	4777 d. n.	DEATH ) While	
S.	SEX 6. COLOR OR RACE 7. MAI	RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE In years F UNDER	
'	1 / //// To win	OWED DIVORCED	1. 10 1/2	Igst birthday) Months	Days Haurs Min.
5	The Wille		an.10.18	7.3 14 Yrs.	
		10b. KIND OF BUSINESS OR	1]_BIRTHPLACE (County		ITIZEN OF WHAT
do	ring most of working life, even if patired)	INDUSTRY	P		DUNTRY?
1	Herchem Hara	May Limper	Trinces	2 cmolle	U.S.T.
118	FATHER'S NAME		14. MOTHER'S MAIDEN I	NAME 7	4
25.4	01.011		200 - B	+11 4 0	
	Marles Hages	rom	Mag PA	well de Cenn	MLL
19	S. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. I	NFORMANT	Address	
()	(es, no, ar unknown) (If yes give wat of dates af service		0111	11 -	100 2.
		· m	s Made	e Haumman 1	1. (imolie
	I IB. CAUSE OF DEATH (Enter only one cause per I	ing for (a) (b) and (c))			INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	ine for (a), (b), and (c).)	1 1	16 -18-7	ONSET AND DEATH
	IMMEDIATE CAUSE (a)	HATTEN AC	enome.	MERLO DILLAU	a mechanic
	DUE TO				
100	Conditions, if any, which gave ) (b)				
	rise ta immediate cause (a), DUE TO				
	stating the underlying cause				
	last. (c)				
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	ITING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COM	ADITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
8	TAKE III OTHER OFFICE CONTINUES			(2)	PERFORMED?
A					YES NO
CERTIFICATION	20g. ACCIDENT WAS UNDERLYING □	205. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Port I or Port II of item 18 )	7
2	OR CONTRIBUTING CAUSE OF DEATH	EUS. DESCRIBE HOW INSORT OCCORNED.	(Enter natore or injory in	TOTAL TOTAL TOTAL TOTAL	
MEDICAL	200 TIME OF INITIDY Month Day Your	20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm	n, 20f. (City or town) (Co	ounty) (Stote)
ă	20c. TIME OF INJURY Month, Day, Year Haur o.m.		ary, street, office bldg., etc.)		(31016)
×	p.m. 19	While Not While at wark I fact	ory, sileer, office blug., etc.,		
			1-14	067 . 7-70 10	
	21. I certify that (I) (this haspital)	attended the deceased fram_	17		that (1) (we) last
200	saw the deceased alive an	- 2 19 6%, and tha	t death accurred 😅	M, fram causes and an t	the date stated abave.
	22g. SIGNATURE				DATE SIGNED
	220. SIGNATURE		ATTENDING -	MED. STAFF	DATE SIGNED
	112629001	M. M.		DIRECTOR PHYS.	2467
	22c. PHYSICIAN'S		22d. ADDRESS		
	NAME (Type)		ZZG. NODIKESS		
- 14	terme (clipe)				
02	GABURIAL CREMATION. 23b. DATE THEREOF	236- NAME OF CEMETERY OR	CDEMATORY	23d DOCATION (City or Town)	(County) (Stote)
23	REMOVAL (Specify)	Zal. NAME OF CEMPLERT OR	1	Zaw. Cocation (city of town)	(county) (store)
	Surviva //296	1 De (Karol	rew (ann	I america (in	W MICE
1 1	4 SUNERAL DIRECTOR	ADDRESS		BY REGISTRAR   25b. REGISTRAR'S	SIGNATURE
1 6	0 9///	V	m 2		was Undale
	11/2011 11 11/11/0/01	1 Innoversity	CATE OF	UL 3 1 1967 xcia	THEY YESPERIE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deoth.

Page 4 may be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by director, page 3 shauld be detached for use as the burial-transit permit. Then please remave-carban papers. Pages shauld be filed with the State Dept. of Health priar to burial, crematian, or remaval, and in any event, within 72 haurs

VR A15 (4) 20 M 1/66 A STATE OF THE PARTY OF THE PAR

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# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10254

# CERTIFICATE OF DEATH

10253

PLACE OF DEATH	1		2. USUAL RESIDENCE (When	re deceased lived, if institution: Reside	ence befare admission)		
a. COUNTY	Wicomico	MARYLAND	o. STATE Mary	h COLINTY	narles		
b. CITY OR TOWN	I (If outside corporate limits.	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside	ive nearest town)			
write RURAL	and give negrest town) Salisbury	65 days	65 days Waldorf		, 2		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give			d. STREET ADDRESS	00	e IS RESIDENCE		
	Deer's Head S	tate Hospital	P.O. 1	Вох 244	ON A FARM? YES NO		
B. NAME OF	First	Middle	Last 4.	. DATE Month	Day Year		
(Type ar print)	JEFFER	SON	HENRY	OF DEATH 7	26 19 67		
S. SEX			B. DATE OF BIRTH	9. AGE (In years IF UNDE	R I YEAR IF UNDER 24 HRS.  Days Hours Min.		
M	1 11	DOWED DIVORCED	MAY DITO	6 6 / yrs.			
	ION (Give kind of work done nglite, even if refired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & St.		CITIZEN OF WHAT		
13. FATHER'S NAME	1		14. MOTHER'S MAIDEN NAM	E			
UN	KOWN		DNKO	$\omega N$	0		
	EVER IN U.S. ARMED FORCES?		INFORMANT	Addyess	20 Marban		
UNKOW N	(If yes give war or dates of servi	"265-14-3095 To	enry Is	um abel	L. milto		
18. CAUSE OF	DEATH (Enter only one cause per EATH WAS CAUSED BY:	line far (a), (b), and (c).)	0		INTERVAL BETWEEN		
7220	ANALYSIS IN THE CALLES ( )	Septicemia			PNSET AND DEATH		
1000	DUE TO	W 211-2 1 - 1-24	,		0 41		
	ny, which gave (b)	Multiple decubit	1		9 months		
stating the un last.	Years						
PART II. OTHER	19. WAS AUTOPSY PERFORMED?  YES NO						
200. ACCIDENT V	VAS UNDERLYING □	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Port	Lar Port II of item 18.)	75 10 10		
THE CHITTER, NOTE	NG □ CAUSE OF DEATH FY MEDICAL EXAMINER)	and pestilize from injust accounter.	(Enter Herera et Injery III   Off	Tall for it at held to.,			
20c. TIME OF I	NJURY Month, Day, Year o.m. 19	20d. INJURY OCCURRED 20e. PLA While Nat While of work at wark	CE OF INJURY (Hame, farm, ary, street, affice bldg., etc.)	20f. (City ar tawn) (C	ounty) (State)		
21. 1 cer	21. I certify that (I) (this hospital) attended the deceased from May 22 , 19 67, to July 26, 19 67, that (I) (we) lost saw the deceased glive an July 26 19 67, and that death occurred at 120A M, fram causes and on the date stated above.						
	ATTENDING MED STAFF 22b. DATE SIGNED						
22c. PHYSICIAI	M.D. PHYS. L. DIRECTOR L. PHYS. A. 1/20/01						
NAME (Ty		nnacott, M. D.		d State Hospital			
23a. BURIAL, CREMA REMOVAL (Spec	TION, 23b. DATE THERPOF	235 NAME OF COMETERY OF	CREMATORY	23d. LOCATION (City of fown)	(County) (Stote)		
Duna	6 1/2/16		KNO	maroun	1) My,		
24. EUNERAL DIREC	TOR 1	ADDRESS X		REGISTRAR 25b. REGISTRAR	SIGNATURE		
Mich	and Tune	pal Nome on	DATE AUG	1 1967 yells	res Juages		

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please semove carban papers. Pages Land should be filed with the State Dept. at Health priar to burial, crematian, or remaval, and in any event, within 72 haurs attached

> VR A15 (4) 25M 1/67

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	the second	Market wheles		
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DZ H-15	Vertical districts			

MARYLAND STATE DEPARTMENT OF HEALTH

10254

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10255

CERTIFICATE OF DEATH

- 2				17.4
death death	1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before	ore admission)
THE S	)	a. COUNTY Wicomico MARYLAND	o. STATE b. COUNTY Susse:	x /
tee f		b. CITY OR TOWN (If outside corporate limits   C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neare	
haurs after death n by the funeral s. Pages, 1-and haurs offer death		write RURAL and give nearest town) Salisbury	De1mar 46.3	
in Firs.		d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress)	d. STREET ADDRESS	e. IS RESIDENCE
filled in papers.	1	Peninsula General Hospital	Old Stage Rd., R.D.#1	ON A FARM? YES NO
d withi etely fi arban nt, with	3.	NAME OF First Middle DECEASED (Type or print) HONEY LYNN	Hobbs 4. DATE Month Do Do DEATH JULY 50	y Year 1967
res that the death certificate be executed within 24 haurs after death sician.  led by the attending physician and completely filled in by the funeral indications permit. Then please remave carbon papers. Pages 1-and indications are remaval, and in payevent, within 72 haurs often pean indicate and in payevent, within 72 haurs often pean.	5.	Pahy	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR lost birthday) Months Days O yrs. O O	House Min.
sician and please rem I, and in an	du	a. USUAL OCCUPATION (Give kind of work done ring mast of warking life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country)  Salisbury, Maryland  12. CITIZEN C COUNTRY	
icati Sicili plec	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
th certifi ling phy . Then remava		GEORGE JERRY HOBBS	MARY ELIZABETH S	AUAGE
te death certificate by attending physician permit. Then please ian, ar remaval, and i		WAS DECEASED FOR IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 19. (If yes give war ar dates of service)	NFORMANT / Mr. George J. Hobbs (Father) R.D.#1, Delmar, Delaware	
afte perm ian,	-	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)		TERVAL BETWEEN
the the sit mat		PART 1. DEATH WAS CAUSED BY:		NSET AND DEATH
quires that the physician. Signed by the burial-transit burial, cremat		773.5 IMMEDIATE (AUSE (a) Que TO	, arm	
sici sici ed al-t al,		Conditions it was which was a		
equires physic signed burial burial		rise to immediate couse (a),	way,	
(I)		stating the underlying couse		
e law retending as been as the priar to			TIO TO MINING SECTION OF THE PARTY AND THE P	WAS ALITORSY
is The state of th	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO T		. WAS AUTOPSY PERFORMED? YES NO
O to the party of	CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH	(Enter nature of injury in Part I ar Part II of item 18.)	
NING PHYSIC by the haspi frer this certi be detached State Dept. a	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC Hour o.m. While Not While	CE OF INJURY (Home, form, 20f. (City or town) (County)	(State)
	E	p.m. '' at wark 🗀 at work		
After After State		21. I certify that (I) (this haspital) attended the deceased fram_	7-30 , 1967, to 7-30 , 1967, t	hat (I) (we) las
ATTENDIN etained by CTOR: Afte shauld be ith the Sta		saw the deceased alive an 7-30 1967, and that	t death accurred at <u>11 A.</u> M, fram causes and an the da	te stated abave
× = 20 × ×		220. SIGNATURE 2/12 B Sunthan	ATTENDING MED. STAFF 22b. DATE SIG	NED /67
IAI Pool		22c. PHYSICIAN'S NAME (Type) WILLIAM B. SMITH	5. DIVISION ST; SALISBUR	y, md.
O HOSPII Page 4 m O FUNER director, shauld b	23	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	CREMATORY 23d. LOCATION (City or Town) (Count	y) (Stote)
P. Sp. Sp. Sp. Sp. Sp. Sp. Sp. Sp. Sp. Sp		REMOVAL (Specify) Burial August 1,1967 Parsons Cemet	ery Salisbury, Maryland	
- 10	2	4. FUNERAL DIRECTOR ADDRESS	250. REGISTRAR25b. REGISTRAR'S SIGNATU	
VR A15 (4) 20 M 1/66		HOLLOWAY & COMPANY FUNERAL HOME, SALISB	URY, MD. DATE AUG 1 1967 flances	Judges

THE REPORT OF THE PROPERTY OF THE RESERVE OF SHIP AND ADDRESS OF THE PARTY - Nickeletters Wicherton and The Size of the Shandhard St. MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, Item #1d Film #C 301 W. BALTIMORE, MARYLAND 21201

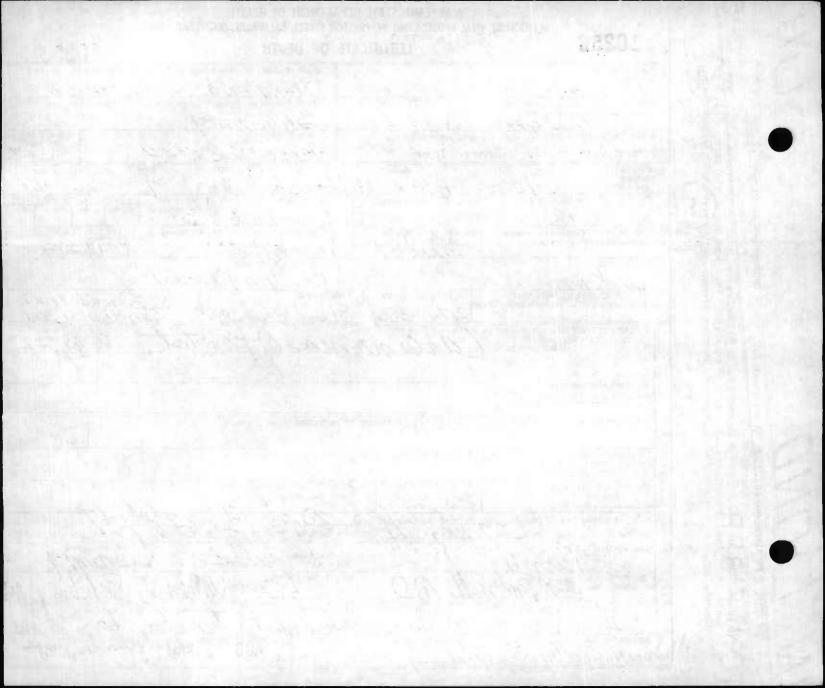
	70200	CERTIFICATE	OF DEATH		10255
	PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (W	here deceased lived, if institute b. COU	tian: Residence befare admission)
	Wicomico	MARYLAND	MARYLE	and 2	D'COMICO
1	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If out	side corporote limits, write RU	RAL and give nearest town)
	S BUSDURY	All Life	SALIS	bury,	22./
	d. NAME OF HOSPITAL OR INSTITUTION (If fat in haspital,		d. STREET ADDRESS	5 / 01	e. IS RESIDENCE ON A FARM?
C	orner Jersey Rd. & Hearne	Lane	VERSEY,	Kogd Kt#2	YES NO
- 1	NAME OF DECEASED (Type or print)  NAME OF DECEASED (Type or print)	Alex Hol.	brook last	4. DATE Mon OF TEATH	th Day Year 26 1967
S.	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED E	. DATE OF BIRTH	9. AGE (In years last birthdoy)	Months Days Haurs Min.
	M Nearo WIDOWED	DIVORCED	8-6-190	60 yrs.	Months Days Haurs Min.
		KIND OF BUSINESS OR	11. BIRTHPLACE (County 8	Stote, ar fareign country)	12. CITIZEN OF WHAT COUNTRY?
IOI	ing most of working me, even it retired)	INDUSTRY	Desito	$\sim$	U.S.A.
3.	FATHER'S NAME		14. MOTHER'S MAIDEN N	~ 7	
	Unknown		DerTha	PARSON	
S.	WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give war or dotes af service)	SOCIAL SECURITY NO. 17. II	FORMANT	Addr	essey Rd Rt #2
16	ss, no, or onknown) (in yes give was or doles at service)	17-10-3501 8	IN Ment	PORNS SI	1.3huRU Mid.
٦	1B. CAUSE OF DEATH (Enter anly ane cause per light	(a), (b), ond (c).)		11 11	INVERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Manon	na 017	nortale	ONSET AND DEATH
П	177X DUE TO		/ /		1/1
	Conditions, if ony, which gove (b)				
	nise to immediate cause (0), stating the underlying cause last.		4 12		
z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONF	DITION GIVEN IN PART I(a)	19. WAS AUTOPSY PERFORMED?
CERTIFICATION					YES NO
2		DESCRIBE HOW INJURY OCCURRED. (	Enter nature of injury in P	ort I or Port II of item 1B.)	
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d.		E OF INJURY (Hame, farm,	, 20f. (City ar town)	(Caunty) (State)
MIEL	Haur a.m. Whi		ry, street, affice bldg., etc.)	11	1 1-
	21. I certify that (I) (this haspital) at (9)		20 July 19	96h to 77	by 1867, that (1) (we) la
	saw the deceased alive an		death occurred at_	2PM, fram causes	and an the date stated abov
	22a. SIGNATUR	1	ATTENDING	HED CTAFF	22b. DATE SIGNED
	Flurnoll	M.D	ATTENDING PHYS.	MED. DIRECTOR PHYS.	200961
	NAME (Type) #A Pur nell	MO	22d. ADDRESS	W. MAINST	- CALISBURY A
30	BURIAL, CREMATION. 23b. DATE THEREOF	1 23c. NAME OF CEMETERY OR C	REMATORY	23d. LOCATION (City or To	own) / (Caunty) (State)
	REMOVAL (Specify) 17-29-(-	Hann y	with orling	7/01/10	) Conversed Md
24	I. FUNERAL DIRECTOR?	Rt & ADDRESS	2Sq. RFC'D.	BX REGISTBAR 10 75b. R	
1	I - 1 11 Argente	RI GADDRESS CY.	The state of the s	E 7 1967	Willow By Judge

DATE

10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physicion. TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I each should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in only event, within 72 hours after death.

VR A15 (4) 25M 1/67



# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10256

TUK	31	CERTIFICA	IE OF DEATH		0 18 0 0
a. COUNTY	Wicomico	MARYLAND	o. STATE Ma:	(Where deceosed lived, if institution: Robb. COUNTY b. COUNTY	rchester
b. CITY OR TO write RURA	WN (If outside corporate limits L and give nearest town) Salisbury	c. LENGTH OF STAY IN 16 6 days		utside corporote limits, write RURAL on vlors Island	d give neorest town)
d. NAME OF H	OSPITAL OR INSTITUTION (If no	or in hospitol, give street address) State Hospital	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
. NAME OF DECEASED (Type or print)	Fir	st Middle	Lost HOOPER	4. DATE Month OF DEATH 7	Day Year 24 19 67
S. SEX	6. COLOR OR RACE C	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH	9. AGE (In years IF U lost birthday) Mar	NDER 1 YEAR   IF UNDER 24 HRS
uring most of wo	ATION (Give kind of work done rking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Sea Food Pkg.	11. BIRTHPLACE (County Dorcheste	y & Stote, or foreign country) er County, Md.	12. CITIZEN OF WHAT COUNTRY? USA
3. FATHER'S NA	John Tod	ld	14. MOTHER'S MAIDEN	Susan Travers	
IS. WAS DECEASE (Yes, no, or unkno	D EVER IN U.S. ARMED FORCES? (If yes give wor or dotes o	14 COCIAL SECURITY NO. 1	7. INFORMANT  Carlos Hoor	Address per, Taylors Islan	nd. Md.
PART I.  Conditions, il	DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE f ony, which gave ediate couse (o),	TO Dishetis	mellet.	and the state of t	INTERVAL BETWEEN ONSET AND DIATH
PART II OTH	underlying couse	(c)ONTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CO	INDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
OR CONTRIBU	T WAS UNDERLYING   ITING CAUSE OF DEATH  OTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in	Port I ar Port 11 af item 18.)	YES NO 5
20c. TIME OF	F INJURY Month, Doy, Yeor or a.m. p.m. 19		PLACE OF INJURY (Home, for foctory, street, office bldg., etc.		(Caunty) (State)
		pital) attended the deceased framuly 24 1967, and t	July 18 , that death accurred at	1967 , ta July 24 , 2:25 PM, fram causes and	19 <u>67</u> , that (I) (we) la an the date stated abav
22g SIGNA 27c. PHYSIC	EDD 1	they	M.D. ATTENDING PHYS. 22d. ADDRESS	DIRECTOR PHYS. X 7	2/24/67 Md.
NAME ( 23a. BURIAL, CREI	7. O. 11.	tchell, M. D.  REOF   23c. NAME OF CEMETERY		ead State Hospita  23d. LOCATION (City or Town)	(Caunty) (Stote)
REMOVAL (Sp	pecify) 7/29/1	897 Linas Road	Cemetery	Dorchester Co.	Md
24. FUNERAL-DIE	F . / / / / /	ADDRESS		D BY REGISTRAR 2Sb. REGISTRA	AR'S SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the tuneral director, page 3 should be detached far use as the burial-transit permit. Then please remaye, carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and a goveyent, within 72 haurs after death. FO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours Page 4 may be retained by the hospital or attending physicion.

VR A15 (4) 25M 1/67

transland business Taylorn Taigna \* Company of the second of the Central accorded actedout Distrate melliture THE STATE OF THE PARTY. The state of the s tear a place south 'purious, Million's THE RESIDENCE OF THE PROPERTY The feet and I will be a second to the second of the secon

funeral 24 hours after death. Page 4 ms. Se retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any/event, within 72 hours after the complete of the please transit.

VR A15

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

10258 Thom #7 Film	CERTIFICAT	E OF DEATH	10257
1. FLACE OF DEATH a. COUNTY EICOMICO	MARYLAND	2. USUAL RESIDENCE (Where decessed lived, If institute. STATE b. COUNTY  Maryland.	ion: Residence belore edmission
b. CITY OR TOWN (if oulside corporala fimits, write RURAL and give neerest town) Tardela	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURA  Baltimore	AL and give neerest town)
d. NAME OF HOSPITAL OR INSTITUTION (il noi in hospit Maple Shade Nursing Hol	44	d. STREET ADDRESS  3808 White Ave.	ON A FARM YES NO W
3. NAME OF DECEASED (Type or print) Anna	Middle Lewis	Howard DEATH July 3	Day Year
5. SEX Female 6. COLOR OR RACE 7. MARRIED WIDOWED	ATTACH TO STATE OF THE PARTY OF	Sept. 1877 9. AGE (In years lest birthday)	hs Days Hours Min.
done during most of working life, even il retired)	ID OF BUSINESS OR INDUSTR	Mardela, Maryland,	U.S. A.
Thomas Newton Evans		Mart Hurley	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. So (Yes, no or unknown) (If yes give war or detes of service)		s. Lelia Walker, Mardella Spri	ing, Md.
18. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)		Jale 13 laddel	INTERVAL BETWEEN ONSET AND DEATH      E ELL -
Conditions, if eny, which geve rise to immediate cause (e), stating the underlying cause lest.  DUE TO  (b)  DUE TO  (c)	Terrio DCK	erasis	7
	RIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(e) 19. WAS AUTOPS' PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURED	), (Entar nature of injury in Pert I or Pert II of item 1B.)	
20c. TIME OF INJURY Month, Dey, Yeer Hour e.m. 20d. IN While et work		ACE OF INJURY (Home, ferm, 201. (City or town) tory, street, ollice bldg., etc.)	(County) (State)
21. I certify that (I) (this hospital) attended saw the deceased alive on		death occurred at 16 AM, from the causes and	, 194.7., that (I) (we) la on the date stated above
220. SIGNATURE TURELLY SIGNATURE (Type) H S. KUH	an .	ATTENDING MED. STAFF PHYS. D	7/30/67 Med 1816N
	23c. NAME OF CEMETERY Lorraine Mauso		
Leonard J. Ruck, Inc. Balto	o. Md. 21214	DATE JUL 3 1 1967 YO	ar's signature

composition en en 13 Inc serol enternal ched aload Lowis some literated by a smed a' i rimi Mandela, Manyland, L.S. K. Chomos Menter Evens ar for you ing. latin alima, landalla sorina, it. 4. Tours around, "4.1.1 filtimore, La. in who i WORLD CONTINUE OF DISCOURSES AND ACT Tennand .. note, Inc. Esten. M. 21214 1 100 1 5 1 5

24 hours afte

e attending physician and completely filted. Then please remove carbon papers. Page oval, and in any event, within 72 hours at

ATTENDING PHYSICIAN: The law requires that the death certificate be executed

equires tha	physician.	aned by the	sit permit.	on. or rem
The law r	r attending	has been sig	e burial-tran	rial, cremati
PHYSICIAN	the hospital or	this certificate	for use as the	Ith prior to bu
ATTENDING	death. Page 4 in be retained by the hospital or attending physician.	DIRECTOR: After	should be detached	State Dept. of Hea
TO HOSPITAL	death. Page 4 in	TO FUNERAL DIRECTOR: After this certificate has been signed by the	director, page 3	be filed with the
		VR	A	15

1SM 7-62

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYETTE 8

1. PLACE OF DEAT	H			2. USUAL RESID	ENCE (Where d			sidanca befor	a admission)
4 4 9	omico		MARYLAND	a. STATE	land	b. COUN	Wicon	nico	
b. CITY OR TOWN	if outside corporate lim	ts,	c. LENGTH OF STAY IN 16		N (If outside con	porete limits, writ			own)
write RURAL and	giva nearest town) SV111e			Pitt	tsville			221	
d. NAME OF HOSPI	TAL OR INSTITUTION	if not in hosp	itel, giva street address)	d. STREET ADDR	ESS				RESIDENCE
In \	illage			(in	village	)		1 .	N A FARM?
3. NAME OF DECEASED	First		Middle	Lest	4. DATE OF	Monti	1	Dey Y	aer
(Type or print)	JOHN		FRANK	HUDSON	DEATH	July		7 1	967
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED   8	DATE OF BIRTH	5	AGE (In years last birthday)			ER 24 HRS.
Male	White	WIDOWED		April 28,19	901	66 yrs.	Months De	ys Hours	Min.
10a. USUAL OCCUPAT	ION (Give kind of working life, evan if ratire	d) 1Db, KII	ND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (C	County & State, or	foreign country)	12. CITIZ	EN OF WHA	COUNTRY?
Retired F			rming	Near Pitt		Marylan	d l	USA	
13. FATHER'S NAME				14. MOTHER'S MAIL	DEN NAME				
John Henr				Viola S.	Poor				
15. WAS DECEASED EV (Yes, no, or unkown)   (	ER IN U.S. ARMED FOR	ervicel	OCIAL SECURITY NO. 17.	Mrs. Myrtle		son Wif	e)		
No	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	21		Pittsville			-,		
	EATH [Enter only one	ceuse per li			001	-	_	INTERVAL	BETWEEN
PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (e)	on	rassine m	, ocardia	Inta	retur-		fud	den
400	DUE TO				1			70	
Conditions, if en	, which ) (b)	()	mary (Pr	tem one	Beale			yea	ro
gava rise to immad	iate ceuse				N 107, 0			-	
(a), stating the cause fast.	inderlying								
Z PART II. OTHE	R SIGNIFICANT CONDI	TIONS CON	RIBUTING TO DEATH BUT NO	OT RELATED TO THE TE	RMINAL DISEASE	CONDITION GIV	VEN IN PART 1	(e)   19. WAS	SAUTOPSY
PART II. OTHE  2De. ACCIDENT W OR CONTRIBUTING OF LITHER, NOTIFY		14.70						YES	FORMED?
2De. ACCIDENT W	AS UNDERLYING	20b. DESC	RIBE HOW INJURY OCCURED	). (Enter nature of injury	y in Pert I or Pert	II of item 18.)	-		TIME TIME
OR CONTRIBUTING	MEDICAL EXAMINER)								
3 20c. TIME OF INJU	JRY Month, Dey, Ye	er   20d.		CE OF INJURY (Home,		y or town)	(Count	у)	(Stata)
20c. TIME OF INJU	10	While at work		tory, street, office bldg.	, etc.)	110			
	hat (1) (this bassi	1	ed the deceased from		1964 10	Alle	710	2, that (1)	(wa) last
		10 11					, ,		
22a. SIGNATURE	sed alive on	1	1. 19 d., and that	death occurred a	1	Wie causes	and on me		2b. DATE
The	1. A	Cha.		ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.			SIGNED
22c. PHYSICIAN'S	Claun	from	7	22d. ADDRESS	DIRECTOR [			July	2 / 19
NAME (Type		am D	Cwa.		dan Augn	un Cali	churve	Mary 1	and
23a. BURIAL, CREMAT	Dr. Willi		23c. NAME OF CEMETERY	The second secon	den Aven	ATION (City, to			(Stete)
REMOVAL (Specify									
Burial		196/	Forest Grove			., Parso			land
24 FUNERAL DIRECTO		SALTS	BURY, MARYLAND	258.	REC'D BY REGIS	67 25%	CISTRAR'S SIC	Judge	
HOLLOWAI	o con niti	3,,210		DXT				1 4	

the beautiful and distincting beautiful before the real BRETUSEN STEEL STREET No. Jurels P. sudnon (Mile) Commence of the second AND Carden Avenue Said strike, Maret Da Secretary and the second of th ALLY PAPERSONS DURNS THAT IS A SECOND TO SECOND THE SEC Culty III. 1967 Forest Grove Cembiery THE REPORT OF THE PARTY OF THE CHAITYRON LYBURES AZ TIMES GO 3 WAST LIGHT

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ndin.	1	PE	37	V	

	TORNO	CERTIFICATE	OF DEATH		TOMOS
	PLACE OF DEATH			re deceased lived, if institution: Ré	sidence befare admission)
	Wicomico	MARYLAND	O. STATE	b. COUNTY	rester
	o. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	e carporote limits, write RURAL and	give nearest town)
	Salisbury		Girdle	tree	23.2
	d. NAME OF HOSPITAL OR INSTITUTION (If nat in I		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	Peninsula General	Hospital			YES NO
	NAME OF First	Middle	Lost 4.	DATE Month	Doy Year
	Type or print) Mather		1d50M	DEATH SUIG	16 1967
S.			B. DATE OF BIRTH	last birthday) Mant	NDER 1 YEAR   IF UNDER 24 HRS. ths Days Hours Min.
L	male VINIE	IDOWED DIVORCED	April 9, 188	6 8/ Yrs.	
	USUAL OCCUPATION (Give kind of work dane ng most of working life, even if retired)	IDB. KIND OF BUSINESS OR	11. BIRTHPLACE (County & Sto	ate, ar fareign country)	2. CITIZEN OF WHAT COUNTRY?
10	Housewife	Own Home	birdletre		4.5.1.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	11 111	
10	Calab Watson	The coult of the Park No.	Mary F. W	ickham	
	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, grunknown) (If yes give wor or dotes of serv	16. SOCIAL SECURITY NO. 17. II	NFORMANT	Address	
_	NO -	None WI	Illiam A. Hu	Uson Giralle	
	<ol> <li>CAUSE OF DEATH (Enter only one couse pe PART I. DEATH WAS CAUSED BY:</li> </ol>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11 0 0 0 0	0.0	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (o)	COMONAON	THBOMQU.	2/7	I HA.
	Conditions, if ony, which gave ) DUE TO	CARCINOMA	CALL BL	420E0	- VELO
	rise to immediate cause (a),	CAGICINOMA	UN-C B2,	ADDLUS	1 127409
	stating the underlying cause				
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	IBUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITI	ON GIVEN IN PART 1(a)	19. WAS AUTOPSY
TION					PERFORMED?
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING □	20b. DESCRIBE HOW INJURY OCCURRED. (	Enter nature of injury in Port	I ar Port II af item 18.)	
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
MEDICAL	2Dc. TIME OF INJURY Month, Day, Year		E OF INJURY (Hame, farm,	20f. (City or town)	(County) (State)
MED	Haur a.m. p.m. 19	While Not While foctor	ory, street, office bldg., etc.)		
	21. I certify that (I) (this hospital		7/9 18	7, to 7/16,	1967, that (I) (we) las
	saw the deceased alive on 17	16 1967, and that	death accurred at 1		
	22a. SIGNATURE		ATTENDING MED	O. STAFF 22	b. DATE SIGNED
Н	John M. Village	m III M.C	D. PHYS. DIRI	ECTOR PHYS.	7/16/67
	PHYSICIAN'S NAME (Type)	m Olavan —	22d. ADDRESS	5.500 641	COLOY .
	0 0 14 18 11	n. BLUXOM III		ENTER, SALI	
23a	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR C	1 4	23d. LOCATION (City or Town)	(County) (Stote)
04	FUNERAL DIRECTOR	1967 Springhill	2Sa. RECD BY	DINDLOTTE OF DECISION	R'S SIGNATURE
24	TONE NAL LINE COURT	ADDRESS /	250. KEED BY	- 1007 (1/1/1	
1	Company of the Compan		1 13411-1 1	A 1841   //	11 61

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon-papers. Page shauld be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 hours a Page 4 may be retained by the haspital or attending physician.

VR A15 (4)

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	10261	CERTIFICATE	OF DEATH		10260			
	PLACE OF DEATH O. COUNTY Wicomico	MARYLAND	2. USUAL RESIDENCE (V	Where deceased lived, if institution: Fare b. COUNTY C	Residence before odmissian) Sussex			
	b. CITY OR TOWN (If autside carparate limits, write AURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou Dagsh	tside corporate limits, write RURAL o	and give nearest town)			
	d. NAME OF HOSPITAL OR INSTITUTION (If not in ho Peninsula General		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO			
	NAME OF DECEASED Meril	Nu	dson	4. DATE Manth OF DEATH July	Day Year 11 19 67			
S.	4 / / / /	DOMED   DIVOKCED	pril 7,19	9. AGE (In years less birthdoy) 42 yrs.	UNDER 1 YEAR IF UNDER 24 HRS. Onths Doys Haurs Min.			
dur	. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY None	Delawar		12. CITIZEN OF WHAT COUNTRY? USA			
13.	FATHER'S NAME		14. MOTHER'S MAIDEN N					
	Oscar Hudson	L 1 COG 11 CT 2 TO 12 TO	Lillie Hu					
(7€	WAS DECEASED EVER IN U.S. ARMED FORCES? is, no, or unknown) (If yes give war ar dates af servi NO	(e)	FORMANT	Address				
			therine E	. Hudson, Dags				
	1B. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY:    MMEDIATE CAUSE (a) DUE TO  Canditions, if any, which gave rise ta immediate cause (a), stating the underlying cause last.  (c)	Pulmmary Emb		rentricle suspec	INTERVAL BETWEEN ONSET AND DEATH  DEL 6 Weels			
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	BUTING TO DEATH BUT NOT RELATED TO TH	HE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO			
L CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED. (I	Enter nature af injury in I	Part I or Part II of item 1B.)				
MEDICAL	20c. TIME OF INJURY Manth, Day, Yeor Haur o.m. p.m. 19	While at work facta	E OF INJURY (Home, farm ry, street, office bldg., etc.)		(County) (Stote)			
	21. I certify that (I) (this hospital)	attended the deceased fram_	,-12-67,1	9	, 1967, that (I) (we) last			
	saw the deceased alive an $7-1/-67$ 19 , and that death accurred at $2$ $\frac{19}{19}$ M, fram causes and an the date stated above.							
	220. SIGNATURE  AREAL C. Fitse  22c. Physician's NAME (Type) Josoph C.	ald MD	ATTENDING PHYS.  22d. ADDRESS Malica	MED. DIRECTOR PHYS.	22b. DAJE SIGNED 7/1/67. Shary, Md.			
	BURIAL CREMATION, REMOVAL (Specify) 7-14-6		metery	23d. LOCATION (City or Town)	(County) (State)			
24	FUNERAL DIRECTOR	Lend, Tampled	DATE S		RAR'S SIGNATURE			

ond 2 move carbon papers. Pages 1 and 2 inv event) within 72 hours ofter death unerol TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 how **TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physicion one completely filled in b director, page 3 should be detached for use as the burial-transit permit. Then please temore casbon papers. should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and input event) within 72 hou Page 4 moy be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120

10262

# CERTIFICATE OF DEATH

10261

1		PLACE OF DEATH			Where deceased lived, if institution: R	esidence befare admissian)			
1	(	Wicomico	MARYLAND	a. STATE MAS	to land b. COUNTY	Wie meses			
	-	o. CITY OR TOWN (If autside carparate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If do	viside carparate limits, write RURAL ar	nd give negrest town)			
		write RURAL and give negrest town)		D	Um - C	2 = /			
		Salisbury  H. NAME OF HOSPITAL OR INSTITUTION (If not in h.	aspital give street address)	d. STREET ADDRESS	arrived	2 IS RESIDENCE			
4				304	80. 1.00.	e. IS RESIDENCE ON A FARM?			
		Peninsula General		307	ageban p	YES NO			
		NAME OF First DECEASED	Middle	Last	4. DATE Manth	Day Year			
	(	Type or print) HELEN	JOHNNSON	HURLEX	OF DEATH JULY	24 1967			
1	S. 3	SEX 6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED	B. DATE OF BIRTH		INDER 1 YEAR IF UNDER 24 HRS.  on this Days Haurs Min.			
	F	EMALE WHITE WI	DOWED DIVORCED	INV. 28 . 18	91 75 yrs. Mai	nins Days naurs Min.			
		USUAL OCCUPATION (Give kind of work dane	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County	& Stelle, ar fareign country)	12. CITIZEN OF WHAT			
	duri	ng mast of warking life, even if retired)	INDUSTRY /-	Morres	lend	COUNTRY? U.S			
	13.	FATHER'S NAME	0 11	14. MOTHER'S MAJOEN	NAME .				
rid		Do-	Vermoll	Hone	mb ( 1	51/00			
	15	WAS DECEASED EVER IN US ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	NFORMANT	Address	1			
		s, na, ar unknawn) (If ses give war ar dates af servi		210-07/	T	m Mil.			
			1///	ucrec VI	neers wer	Ava . Il			
		<ol> <li>CAUSE OF DEATH (Enter only one cause per PART I, DEATH WAS CAUSED BY:</li> </ol>		0 11-		INTERVAL BETWEEN			
		IMMEDIATE CAUSE (a)	Sularacleu	ore the	montage	4 clay			
8		443 N DUE TO	11 / /	10.	Pul	/			
3		Canditions, if any, which gave rise to immediate cause (a),							
		stating the underlying cause DUE TO	11	vascular		1 Took king			
		last. (c)	yearno.	vascula	- an Rase	100111005			
	_	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIL	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY			
2	TIO	DE UNION SUR A SUR SE				PERFORMED? YES NO IN			
	CERTIFICATION	20g. ACCIDENT WAS UNDERLYING	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Part I or Part II of item 18.)				
	CERT	OR CONTRIBUTING CAUSE OF DEATH		(,,					
		(IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year	20d. INJURY OCCURRED 20e. PLA	CE OF INJURY-(Hame, farm	n, 20f. (City or town)	(Caunty) (State)			
H	MEDICAL	Haur a.m.	While Nat While fact	ary, street, office bldg., etc.		(5,0,0)			
4		p.m. 19	at wark L	7/2/	1067. 7/20	120671			
		21. I certify that (I) (this hospital			190 / ta //29	19 that (I) (we) last			
33	-	saw the deceased alive on	19 , and tha	t death accurred at		an the date stated above.			
		22a. SIGNATURE	4	ATTENDING	MED. STAFF	2b. DATE SIGNED			
		11.0	M.I		DIRECTOR L PHYS. L				
,		22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS					
		(I/Alle (I/)Po)							
)	23a	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Town)	(Caunty) (State)			
		REMOVAL (Specify) 7/27/6	7 Mi Ales	Kons	elmo!	suret Del			
	24	FUNERAL DIRECTOR	ADDRESS	2Sa. REC		AR'S SIGNATURE			
	1	WW VVII.	M. Va. (1)	. /	JUL 2 0 136/ XC	marley years			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the funeral directar, page 3 should be detached far use as the burial-transit permit. Then please remaye carban papers. Pages Landshauld be filled with the State Dept. af Health priar to burial, crematian, ar removal, and in any eyent, within 72 haurs after <del>dect</del> VR A15 (4) 20 M 1/66

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24 hours after

TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed of 24 hours after death. Page 4 be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon, pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

VR A1S (4) 15M 7-62

	MARYLAND STATE DE	PARTMENT	OF HEALT	M	
DIVISION OF STATIST	CAL RESEARCH AND RECORDS	, 301 W. PREST	ON STREET,	BALTIMORE 1	, MARYLAND
10263	CERTIFICAT	E OF DEAT	H		10262

a. COUNTY			2. USUAL RESIDENCE	CE (Where decease		ition: Residenc	e before edmission	
Wicomi	co	MARYLAND	. STATE Mary	land	b. COUNTY	Wicomi	СО	
b. CITY OR TOWN (if outsi write RURAL and give Salisb	nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (III	f outside corporete sbury	limits, write RUR	AL and give n	eerest town)	
d. NAME OF HOSPITAL O	MINSTITUTION (if not in ho	ospital, give street eddress)	d. STREET ADDRESS				e. IS RESIDEN	
607 Ca	mden Avenue		607 (	Camden Av	enue enue		YES NO	
3. NAME OF DECEASED (Type or print)	CARMEN	AGNES	HYNES	4. DATE OF DEATH	Month July	Dey 10	Yeer 1967	
	white		. DATE OF BIRTH	las	E (In years   IF UI birthday)   Mor	oths Deys	Hours   Min.	
, 0	WIDOW			1929   3				
done during most of working Food Control	ife, even if retired)	KIND OF BUSINESS OR INDUSTR	B.W. I. West		gn country) 1	USA	WHAT COUNTI	
13. FATHER'S NAME		Part and the State of the State	14. MOTHER'S MAIDEN	NAME		-		
Frank I. Nob	rega		Carmen DeF	rance				
PART I. DEATH WA	[Enter only one cause per	54-22-8911 6	fr. Michael J. 07 Camden Ave tas fate	enue, Sai	isbury,	Maryla	and ERVAL BETWEEN SET AND DEATH	
Conditions, if eny, wh gove rise to immediate ce (a), stelling the underly cause lest.  PART II. OTHER SIGN	DUE TO	) Creas		HAL DISEASE CON	DITION GIVEN IN		PERFORMED?	
OR CONTRIBUTING CA	20e. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.)  N/A							
20c. TIME OF INJURY Hour e.m. p.m.	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm. 20f. (City or town) (County) (State)  While Not While to the state of							
	21. I certify that (I) (this hospital) attended the deceased from 2/27/67, 19, to							
22c. PHYSICIAN'S	iam P-	45	D PHYS. D D	IRECTOR P	TAFF HYS.	Ju1y_	// /196	
NAME (Type)	Dr. William	P. Sadler, Jr.	Medical	Cen <b>te</b> r,	Salisbu	ry, Mar	yland	
23e. BURIAL, CREMATION, REMOVAL (Specify) Burial	July 12, 196	7 Parsons Cemet	ery	Salisbu	N (City, town or	yland	(Stote)	
24 FUNERAL DIRECTOR'S SIGNAL HOLLOWAY &		ALISBURY, MARYI		UL 12 1		Larley		
							LLF CONTRACTOR OF THE PROPERTY	

100 in. W. T. Vant Indies Correct Coff Ence Mr. Shidsol L. Sycat' (Mingrad) the street of the contract of the street contact collection of the street TERROR NEW YEAR OF A CONTROL OF THE PARTY OF

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

<b>M</b> )		LUGO 4 CERTIFICAT	E OF DEATH	0000
ours atter death		LACE OF DEATH . COUNTY Wicemice MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence o. STATE b. COUNTY	e before odmission)
ours dill		CITY OR TOWN (If autside carparate limits, write RURAL and give neorest town)	c. CITY OR TOWN (If autside carparate limits, write RURAL and give	nearest tawn)
10 VZ 1100112 / 11111111111111111111111111111		NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  Deer's Head State Hespital	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
		IAME OF First Middle BECEASED Type or print)  Beckha	Jackson 4. DATE Month OF DEATH July	Day Year 16 19 67
	S. :			YEAR IF UNDER 24 HRS Days Haurs Min.
and in a	duri	USUAL OCCUPATION (Give kind of work done namost of working life, even if retired)  LADORER  10b. KIND OF BUSINESS OR  (INDUSTRY)  (ANDERY)	Middletown DELAWARE &	ZEN OF WHAT
Inen pi		FATHER'S NAME  ENOCH TRUITT  WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17	14. MOTHER'S MAIDEN NAME ROSE JOHNSON	
sit permit. Then please remove carbon papers. nation, or removal, and in a verset.		100 220-01-8729	INFORMANT-SON, BIOMOROE ST. Wilm Hospital Records DEL	AWARE
transit permit. Then p cremation, or remaval,			rvix c Pelvic Metastaris	INTERVAL BETWEEN ONSEL AND DEATH
burial,		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause  (b)  Pronephritis		?
tar use as the Health priar ta	ATION		THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED? YES NO
ned far t. of He	MEDICAL CERTIFICATION	20g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. (Enter nature of injury in Part I or Part II af item 18.)	
be detached State Dept. o	MEDICA	Haur a.m. p.m.  19 While at wark at wark	ACE OF INJURY (Home, farm, ctary, street, affice bldg., etc.) (City ar town) (Cau	
s shauld b		21. 1 certify that (1) (this haspital) attended the deceased fram—saw the deceased blive an 7/16/67 19 , and the	at death accurred at 7:25 M fram causes and an th	
ed w		1/1/1/1/1/1	ATTENDING MED STAFF !	TE SIGNED  Y 16, 1967
director, po	230	NAME (Type)  L. Maldve, M. D.  BURIAL, CREMATION, 23b. DATE THEREOF 23c, NAME OF CEMETERY OR	Beer'sHeadStateHespital,Box2	Ol8, Salish
- on	-	FUNERAL DIRECTOR DULY 18 1967 Chester Fire	d Cenetary CESTREVILLE, Q.A. 250. REC'S BY REGISTRAR 250. REGISTRAR'S SIO	Co. Md.
A 1/67	2	me H, Barty Bouts Bron Centrarille, Me	, 21617 DAJUL 19 1967 gcharles	Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

13301 white outlines Tropic La 5 79 8 T + C = C La Classiff State Street - Land remails the state of the state sintistici extella appeal to someone delications I. Maker, E. H. B. Commission of the Commission The state of the s

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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funeral and rer death		COUNTY THE COMPLET		2. USUAL RESIDENCE (Where deceased lived, if	o. COUNTY
		MTGOWTGO	MARYLAND	114	Wisemes
afte after a			OF STAY IN 1b	c. CITY OR TOWN (If outside corparate limits, wi	ite RURAL and give nearest tawn)
haurs after by the fuse. Pages I hours after		Swill Rural and give pearest town)		delmer	221
in in Srs. 2 ho		I. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street a		d. STREET ADDRESS	O O ON A FARM?
in 24 h		Peninsula General Hospita	al	8 N. Cost 0	YES NO E
within bon with		NAME OF First	Middle	Last 4. DATE OF	Manth Day Year
de de		Type or print) SETPY 100151	2 -	ewell DEATH Ju	egs   IF UNDER   YEAR   IF UNDER 24 HRS.
that the death certificate be executed within 24 haurs after an.  by the attending physician and compretely filled in by the furansit permit. Then please remaye carbon papers. Pages I crematian, or remayal, and in any event, within 72 hours after	S.	2/ Ta   WIDOWED	R MARRIED   8	DATE OF BIRTH  9. AGE (In your lost birth)	day) Manths Days Haurs Min.
and and rem	100	USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSI		LA BIRTHPLACE (Caunty & State, ar foreign cauntry	Yrs. 12. CITIZEN OF WHAT
icate be sician o please I, and ir	dur	na most at warking life even if retired? INDUSTRY	me		COUNTRY? U.S,
physician en please aval, and i	13.	FATHER'S NAME / L		14. MOTHER'S MAIDEN NAME 2 +	- 0 10
ih certif ling phy Then remava		William / Uliot		atherine Mil	chel
attending permit. The	1S.	WAS DEČEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECU  17. na, ar unknawn) (If yes give war ar dates af service)	7/7/	FORMANT	Address
attendi attendi permit.		213-22	-1816		ANTERIOR STRUCT
the the sit particular		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY:	ac from	~ rup Vured ess hage	INTERVAL BETWEEN ONSET AND DEATH
that t an. by the ransit		IMMEDIATE CAUSE (d)	ge for	- suprimed soft-	Wida. 43 5 m/ns
uires that thysician. gned by the uriol-transiturial, crema		Canditions, if any, which gave ) DUE TO Cirrhor	eis e-	· liver-	Not know
P 0 .2 0 0		rise to immediate cause (a), stating the underlying cause	1/9	112	11(1)
ding ding the the or to		last. (c)	ie AT	es no lish,	Vor Knom
he law attendii as bee os th prior	N	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	JT NOT RELATED TO TH	HE TERMINAL DISEASE CONDITION GIVEN IN PART	19. WAS AUTOPSY PERFORMED?
te te to use	18				YES NO
ital a pital a tificat d far af Hec	CERTIFICATION	20g. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW OR CONTRIBUTING ☐ CAUSE OF DEATH	INJURY OCCURRED. (	Enter nature of injury in Part I or Part II of item	18.)
haspi haspi s cert ached ept. a		(IF EITHER, NOTIFY MEDICAL EXAMINER)	DED LOO DIE	5 OF HUUDY (II)	(5
this this Deg	MEDICAL	20c. TIME OF INJURY Manth, Day, Year Haur a.m. 20d. INJURY OCCU	/hile facto	E OF INJURY (Hame, farm, 20f. (City ar to iry, street, affige bldg <sub>j</sub> , etc.)	(Caunty) (State)
ING ter tote tate	-	p.m. 19 at wark at w		7/3/ 10 57/20	2/3//1067 Abot (1) (un) local
R: Ald		21. I certify that (1) (this haspital) attended the d	eceased from	death accurred at 8/33 M, from co	that (1) (we) last uses and on the date stated above.
etair CTO Shoot		22a. SIGNATURE	1	ATTENDING MED. STAF	22b. DATE SIGNED
OR be r be		f the	M.D	. PHYS. LT DIRECTOR LT PHYS	
AL AL Poor		22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS	
S 4 H O P	22	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAM	ME OF CEMETERY OR L	REMATORY 23d_LOCATION (City	y ar Tawn) /) (Caunty) (State) A
Page 4 m Fo Funer director, should b	230	REMOVAL (Specify) 8 / 2 / 7	Hest	my Coms Folmer	Luxet Del.
F-5	24	FUNERAL DIPRECTOR	DRESS		25b. REGISTRAR'S SIGNATURE
VR A15 (4) 20 M 1/66		Millerno Mervil De	emer 1	DATE AUG 3 1967	journes judge

TO SEL WILL STREET ment of the second of the seco Value of Assets

	MARYLAND STATE DEPARTMENT OF HEALTH	
Division of STATISTI	CAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE,	MARYLAND 21201
88	CERTIFICATE OF DEATH	10285

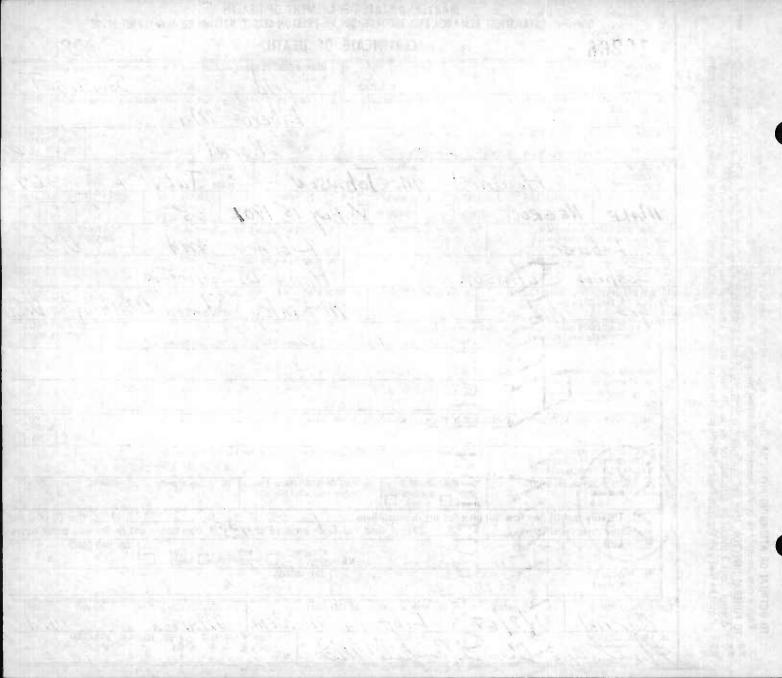
		10266	CERTIFICATE	OF DEATH		10265				
	(	PLACE OF DEATH D. COUNTY Wicomico	MARYLAND	o. STATE M	ere deceosed lived, if institutio b. COUNT	SOME (SET /				
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Salisbury  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street		c. CITY OR TOWN (If outsi	de corporate limits, write RURA	L and give neorest town)				
70		Peninsula General Hospi	ital	Re	rAl	ON A FARM? YES NO				
	I	NAME OF DECEASED (Type or print)  Howard		USON	4. DATE Month OF DEATH JULY  9. AGE (In year)	Doy Year 1967  IF UNDER 1 YEAR 1 IF UNDER 24 HRS.				
		MALE NEGRO WIDOWED [	DIVORCED [	DATE OF BIRTH	lost birthdoy)  OS Yrs.	Months Doys Hours Min.				
	duri	. USUAL OCCUPATION (Give kind of work done ng most of working life, even if retired)  INDUSTRY		11 BIRTHPLACE (County & S	y md	COUNTRY? U.S.				
		FATHER'S NAME  JOSHUM SOHNSON  WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SEC		TINNA B	Johnson					
	13. (Ye	s, no, or unknown) (If yes give war or dotes of service)	7	MCKINLEY	Johnson W	VAShington D.C.				
		18. CAUSE OF DEATH (Enter only one couse per line for (a) (B), or PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO	nd (c).)	Puna	undeturnal.	INTERVAL BETWEEN ONSET AND DEATH				
		Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last. (b) DUE TO								
33	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH E	BUT NOT RELATED TO THE	TERMINAL DISEASE CONDI	ITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO				
	MEDICAL CERTIFICATION	200. ACCIDENT WAS UNDERLYING \( \text{OF DEATH} \) OR CONTRIBUTING \( \text{CAUSE OF DEATH} \) (IF EITHER, NOTIFY MEDICAL EXAMINER)	W INJURY OCCURRED. (Er	ter noture of injury in Pol	rt I or Port II of item 18.)					
	MEDICA			OF INJURY (Home, form, , street, office bldg., etc.)	20f. (City or town)	(County) (State)				
		21. I certify that (1) (this haspital) attended the deceased fram 6-2, 196, ta 7-4, 196, that (1) (we) last saw the deceased alive an 7-2 1967, and that death accurred at 7 3 M, from causes and an the date stated above.								
		220. SIGNATURE D. W. Jose	M.D.		ED. STAFF PHYS.	22b. DATE SIGNED 7-7-6)				
1		22c. PHYSICIAN'S NAME (Type) N. W. Todd		Men-		is Bung.				
)		REMOVAL (Specify) 7/8/67 1	ME OF CEMETERY OF CR	Md. CEM.	23d. LOCATION (City or Town	md				
A	24.	FUNERAL DIRECTOR	DDRESS OM	250. REGUE	REGISTIAN 19676b. REG	ISTRAR'S SIGNATURE				

Page 4 may be retained by the nospital an enterior proposate.

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the State Dept. af Health priar to burial, cremation, or removal, and in any event. within 72 hours after death.

VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital ar attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10267 10766 CERTIFICATE OF DEATH

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4	S	ffe			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital ar attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Page shauld be filed with the State Dept. af Health prior to burial, crematian, or remaval, and in any event, within 72 hours at

	J.	01900
. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residen	ce befare admission) /
o. COUNTY Wicomico MARYLAND	o. STATE Maryland b. COUNTY Har	ford
b. CITY OR TOWN (If outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside corporate limits, write RURAL and give	
weite RURAL and give nearest town) Salisbury	Aberdeen,	13 0
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
Peninsula General Hospital	2909 Garden Drive	ON A FARM?
		YES NO
NAME OF First Middle  DECEASED (Type or print) (Baby Boy)	Kayes 4. DATE Month OF DEATH July	10 19 67
. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years / IF UNDER	
MALE White WIDOWED Baby SIVORCED	July 9, 1967   last birthday)   Months	Doys Hours Min.
Oa. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or fareign country) 12. CIT	TIZEN OF WHAT
uring most of working life, even if retired) INDUSTRY	Wicomico County, Maryland	UNTRY?
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Bernard Kayes  Is. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Michelle (Unk.)  Address	
Yes, no, or unknown) (If yes give war ar dates af service)	INFORMANT Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:		ONSET AND, DEATH
IMMEDIATE (AUSE (a) Lematuri		laa
1/6 X DUE TO		THE STATE OF THE S
Conditions, if ony, which gave ) (b)	<b>-</b>	
rise to immediate cause (a), stoting the underlying couse DUE TO		
last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
		PERFORMED?
206. ACCIDENT WAS UNDERLYING \( \square\) 205. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part I or Part II of item 18.)	110 110
OR CONTRIBUTING CAUSE OF DEATH	tend nature of injury in fair for fair in or noise for	
(IF EITHER, NOTIFY MEDICAL EXAMINER)	or or hillipy (i) form 1 206 (fibrar tour)	(Shoda)
Haur a.m. While - Not While - foo	ACE OF INJURY (Home, form, 20f. (City or town) (Contory, street, office bldg., etc.)	unty) (Stote)
p.m. 19 atwork atwark		
21. I certify that (I) (this hospital) attended the deceased from_	at death occurred at 112M, from couses and on the	, that (I) (we) las
saw the deceased olive on 110 1967, and that		
220. SIGNATURE	ATTENDING MED. STAFF 22b. D.	ATE SIGNED
W. J. Unleson M.	.D. PHYS. DIRECTOR L PHYS. L Jul	y /2/1967
22c. PHYSICIAN'S	22d. ADDRESS	
NAME(Type) Dr. D. G. Anderson	Medical Center, Salisbury,	Maryland
3a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	CREMATORY 23d. LOCATION (City or Town)	(County) (Stote)
REMOVAL (Specify) Burial July 12,1967 Parsons Cemet	ery Salisbury, Maryl	and
24. FUNERAL DIRECTOR ADDRESS	2Sa. REC'D BY REGISTRAR 1 25b. REGISTRAR'S S	IGNATURE
HOLLOWAY & COMPANY, SALISBURY, MARYLAND	DATEJUL 13 196/	and and

VR A15 (4) 20 M 1/66

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THE THIRD CO. CO. LEVEL AND ADDRESS OF THE PARTY OF THE P to be at a local contract of the party of th P. C. C. Selection and C. C. C.

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1	0	2	6	8

### CERTIFICATE OF DEATH

10267

1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence be 0. STATE b. COUNTY				dence before odmission)		
	o. county Wicomico	MARYLAND	Mary1a		comico	
-	b. CITY OR TOWN (If outside carparate limits,	c. LENGTH OF STAY IN 1b	H	de carparate limits, write RURAL and g		
	write RURAL and give nearest tawn) Salisbury	17507-1713	Powe 11	ville	22-1	
-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital,	, give street address)	d. STREET ADDRESS		e. IS RESIDENCE	
)		Hospital			ON A FARM? YES NO	
3.	NAME OF First	Middle	Lost	4. DATE Manth	Oay Year	
1	OECEASED (Type or print) JOHN	EDWARD	Ke/14	DEATH OULY	8 1967	
S.	SEX 6. COLOR OR RACE 7. MARRIED		8. DATE OF BIRTH		ER 1 YEAR   IF UNDER 24 HRS.	
1	nale White WIDOWED	O OIVORCEO	July 9, 1887	last birthdoy) Manths	29'	
		KINO OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & S		CITIZEN OF WHAT COUNTRY?	
	Retired Barber		Sussex Cour	ity, Delaware	USA	
1	3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	WE .		
	John Kelly	22.	Ellen Nickm	ian		
1	S. WAS DECEASED EVER IN U.S. ARMED FORCES?	S. SOCIAL SECURITY NO.	MFORMANT S. Maggie F.	Kelly (Wife)		
1,	Yes, na, ar unknawn) (If yes give wor or dates of service)	119-07-15 POW	ellville, Mar	yland		
	18. CAUSE OF DEATH (Enter only one cause per line for				INTERVAL BETWEEN	
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	vonchonneum	ouia		ONSET AND DEATH	
	DUE TO					
	Canditians, if any, which gave ) (b)					
	rise to immediate cause (o), Stoting the underlying cause					
	last. (c)					
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL OISEASE CONDI	TION GIVEN IN PART 1(a)	19. WAS AUTOPSY	
I S	Discuss for 1 Anthon	itis Renal	Failure		PERFORMED? YES NO	
FICA	20g. ACCIOENT WAS UNDERLYING 20b.	OESCRIBE HOW INJURY OCCURREO.		rt I or Part II of item 18.)	1.0	
CEPTIFICATION	OR CONTRIBUTING CAUSE OF DEATH	N/A	(Ellier Herere et Infer) in re-	, vor part ir or nam ron		
IN	(IF EITHER, NOTIFY MEDICAL EXAMINER)		ACE OF INJURY (Hame, farm,	20f. (City ar town) (	County) (Stote)	
MEDICAL	20c. TIME OF INJURY Month, Ooy, Year 20d. Whi		tory, street, office bldg., etc.)	201. (City di 10Will)	(Store)	
] 2	p.m. '' at wo	ork 🗀 at wark 🔲	3.4 10			
	21. I certify that (I) (this hearth) atte	ended the deceased from	Tune 26, 19	67, to 20 (4 8 , 1	9 <u>67</u> , thot (I) (****) last	
		saw the deceased olive an 3al 4 8 1967, and that death occurred at 749 M, from causes and on the dote stated obove.				
	220. SIGNATURE	160000		ED. STAFF 7-	-8-67	
1	22c. PHYSICIAN'S	Lace , 111 "	22d. AODRESS	KECTOR CO PHILS.	0 6/	
1		Hill, Jr.	Pine Bl.	off Road Solis	bury, Md.	
2	3a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	29d. LOCATION (City ar Town)	(County) (State)	
	REMOVAL (Specify) Burial July 11,1967	7 St. John's C	emeterv	Powellville, Ma	ryland	
-	24. FUNERAL DIRECTOR	ADORESS	2Sa. REC'D E	BY REGISTRAR2Sb. REGISTRAR'	S SIGNATURE	
	HOLLOWAY & COMPANY, SAI	I TSBURY, MARYLA	ND DATE JUL	12 1967 Julia	ween Judge	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely fitted to by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and should be filed with the State Dept. at Health prior to burial, crematian, or removal, and in any event, within 2 hours after dept. Page 4 may be retained by the hospital or attending physician. VR A15 (4) 20 M 1/66

MARK RE TANKER Commence of the Commence of th The section of the first section of the first section is the property of MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10000

41			10409	CERTIFICATE	OF DEATH	10268
uneral and ar death			PLACE OF DEATH		2. USUAL RESIDENCE (Where deceosed lived, if in a. STATE	stitutian: Residence before admission)
fer -			Wicomico	MARYLAND	Maryland	17 77
ges			o. CITY OR TOWN (If outside corporate lim write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside carparate limits, wri	te RURAL and give nearest town)
Pages 1	80		Salisbury	1 day	Harwood	02.2
1 11	and -		. NAME OF HOSPITAL OR INSTITUTION (IF	not in haspitol, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
poper in 72 h			Peninsula Gener	ral Hospital		YES NO X
一人人	1	3.	NAME OF	First Middle	Last 4. DATE	Manth Day Year
completely love carbo y event, w			DECEASED (Type or print)	)	Kalb OF DEATH ()	1/4 28 1967
nple s ca ven		S.		7. MARRIED NEVER MARRIED 1 B	B. DATE OF BIRTH 9. AGE (In ye	OF IF UNDER 1 YEAR IF UNDER 24 HRS.
remove any ev		1	male White	WIDOWED DIVORCED	Ech 10 1893 74 birthd	ay) Months Days Hours Min.
rem in an			. USUAL OCCUPATION (Give kind of work don		11. BIRTHPLACE (County & State, or foreign country)	12 CITIZEN OF WHAT
se se		duri	ng most af working life, even if retired)	INDUSTRY, /	1-4-1 M.D	COUNTRY?
sicio olea an		13	FATHER'S NAME	HOSPITAL	14. MOTHER'S MAIDEN NAME	1 028
physician chen please naval, and i		15.	11101/1000 8	Marchan	Alverta Wilkers	dal
The		15.	WAS DECEASED EVER IN U.S. ARMED FORCES	S? 16. SOCIAL SECURITY NO. 17. II	NFORMANT	Address
ndir iit.			s, no, or unknown) (If yes give war ar dates	s of convice)	of place for a start	Address Harwood.
permit.				212.32-2367-A MR	SHIVEVID W. CHITERTO	
signed by the attending physician and complet burial-transit permit. Then please remove car burial, crematian, ar remaval, and in any event.			18. CAUSE OF DEATH (Enter only one of PART I. DEATH WAS CAUSED BY:	ouse per line for (a), (b), and (c).)	a solea Karet D	INTERVAL BETWEEN ONSET AND DEATH OUT OF THE PROPERTY OF THE PR
signed by the burial-transit burial, cremat			IMMEDIATE CAUS		surger pears of	Celler Celler
P-tr				JE TO		
signed burial-t burial, a			Conditions, if ony, which gave rise to immediate couse (o),	(b)		
			stating the underlying couse	JE TO		
bee s th			lost.	(c)		TIO WAS AUTODOW
this certificate has been stated for use as the temporary at Health prior to be	2	NO	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO I	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	PERFORMED?
ute US	0	CERTIFICATION				YES NO
f for fire		RTIFI	20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	205. DESCRIBE HOW INJURY OCCURRED. (	Enter nature of injury in Part I or Part II of item 1	8.)
hed t. a			(IF EITHER, NOTIFY MEDICAL EXAMINER)			
RAL DIRECTOR: After this certification of the page 3 should be detached be filed with the State Dept. of		MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour o.m.		CE OF INJURY (Home, form, 20f. (City or toward, street, affice bldg., etc.)	vn) (County) (State)
de		ME	p.m. 19	9 While Nat While at wark at wark	ary, sireer, drike blogs, etc.)	
After be d			21. I certify that (I) (this ha	aspital) attended the deceased fram	1 190 ta 1-	, 192/, that (1) (we) last
# Ped			saw the deceased alive an_	19 0 /and that	death occurred at 1025M, fram car	uses and an the date stated abave.
DIRECTOR: ge 3 should led with the			220. SIGNATURE		ATTENDING MED. STAFF	22b. DATE SIGNED
8 3 S			1000	OCCO 1 M.D	D. PHYS. DIRECTOR DHYS.	07-28-67
tile of	1		22c. PHYSICIAN'S	V .	22d. ADDRESS	
director, po	1		NAME (Type)			
O FUNER, director, should b	0	230	BURIAL, CREMATION, 23b. DATE T	THEREOF 23c. NAME OF CEMETERY OR 6	EREMATORY 23d. LOCATION (City	ar Tawn) (County) (State)
O ip 4s	1/2		DURIA TULY	31 1867 M+ 2104	Lothidu	AA Md.
	M	24	FUNERAL DIRECTOR	ADDRESS		b. REGISTRAR'S SIGNATURE
VR A15 (4) 20 M 1/66	1	-	TA Hardonte, Ga	ilamille M.	DATE AUG 7 1967	VCharles Judge.

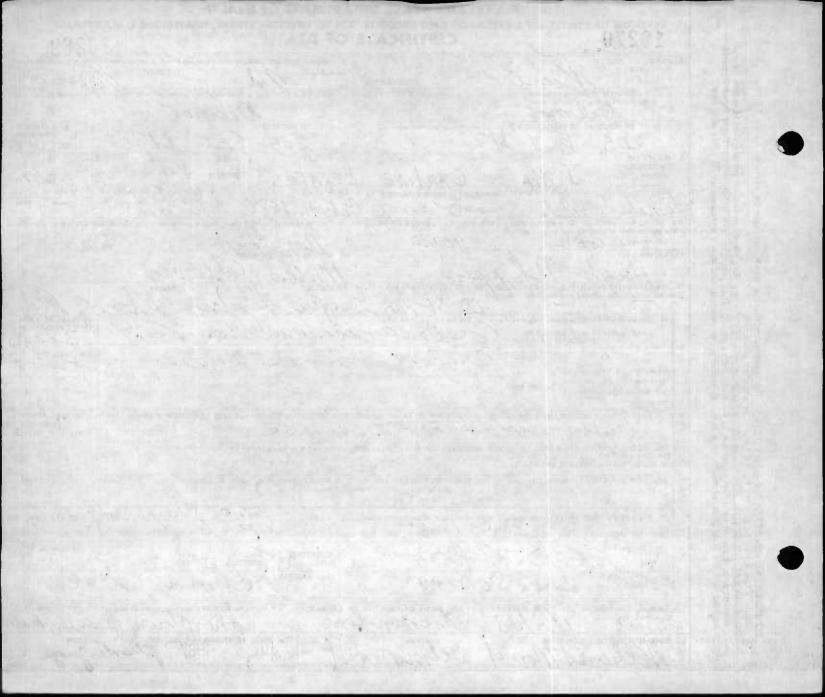
**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician.

# TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-thours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be detached for use the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be detached for use the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be detached for use the burial-transit permit.

VR A15 5-63

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10270

_	LUNGU	CERTIFICATE	OI DEATH		6259
1.	PLACE OF DEATH	1	2. USUAL RESIDENCE (Where decee	sed lived, If institution, R	esidence before admission)
	o. COUNTY		o. STATE MO	b. COUNTY	//
_	Micanico	MARYLAND	1/60	11/	worker
	b. CITY OR TOWN (if outside corporete limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporat	e limits, write RURAL end	give neerest town)
	write RURAL and give neerest town)		10.0		100/
-		2.1 2	1 cem	07	7 / 7 / 7
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp	sitel, give street eddress)	d. STREET ADDRESS	11	IS RESIDENCE     ON A FARM?
1	205 Fast H		205 2021	\$1	YES NO D
3.	NAME OF First	Middle	Last   4. DATE	Month	Dey Yeer
	(Type or print)	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 = 0 + to DEATH	11	/ /~
_	UUIIA	CARLINE !	LERAIES DEATH	Kela.	196/
5.	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8	DATE OF BIRTH 9.	GE (In years   IF UNDER 1	YEAR IF UNDER 24 HRS.
1/	emele White Widowell	DIVORCED 1	414 1686 8	st birt (day) Months E	Deys Hours Min.
110	11/1/1/1/	ND OF BUSINESS OR INDUSTR	Y 11 BIRTHDI ACE (County & State or fore		751 05 1/41 47 50111 1751/2
de	one duripte most of working lifes even if retired)	NO OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & State, or fore	ign country) 12. CIII	ZEN OF WHAT COUNTRY?
	foreework.	Home	Morelond	1	25,
13	FATHER'S NAME		14. MOTHER'S MADEN NAME		
	11.1 1) 1.		mit Call.	17/100	
-	Hugh Philips	40	Morina will	way	
15 (Y	WAS DECEASED EVER IN U.S. ARMED FORES? 16.	SOCIAL SECURITY NO. 17.	NFORMANT /	Adapose	no 1
1,.	1. The state of th	7-24-911Re 41	Losses Losses	Malm	Illes.
-	18. CAUSE OF DEATH Enter only one cause parti	x / /700 2	sold reques	peville	I INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	ne lor (e), (b), end (c).	alone OR	· 1- V	ONSET AND DEATH
	IMMEDIATE CAUSE (a)	reother	escular wea	need	3days
	33/X DUE TO 2	0 0	1 0		
	(e)	rebut a	Her's sclero	Jeg	8 in
	Conditions, if eny, which gave rise to immediate cause (b)				
	(e), steting the underlying DUE TO				/
	ceuse lest. (c)				
z	PART OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE COL	NDITION GIVEN IN PART	I(a) 19. WAS AUTOPSY
CATION	Moderner 1	Teastof	10 - 10	DITION OF VERY IN TAKE	PERFORMED?
13	10 Coffee of 10 1	and the	A-acros .		YES NO
1	20a. ACCIDENT WAS UNDERLYING   20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter neture of injury in Pert I or Pert II o	f item 18.)	
CERT	OR CONTRIBUTING CAUSE OF DEATH				
5	20c. TIME OF INJURY Month, Day, Year 20d. II		CE OF INJURY (Home, farm, 20f. (City or pry, street, office bldg., etc.)	town) (Cour	nty) (State)
MEDICAL	p.m. 19 at work	hand 1401 At 11110 hand			
1			1060.	Willes 1 and	671.00 ( )1.
	21. I certify that (I) (this hospital) attend	led the deceased from	19, 10	19.0	, that (I) (we) last
	saw the deceased alive on.		death occurred at	e causes and on th	e date stated above.
١.	22e. SIGNATURE	1.0			22b. DATE
	11/100M	1/2	DING / TO DIRECTOR	STAFF PHYS.	SIGNED
	22c. PHYSICIAN'S	M.	22d. ADDRESS		
	NAME (Type)	1/ex	220. ADDRESS DO Em	car h	tel.
			2		
23	B. BURIAL, CREMATION, 236. DATE THEREOF	23c NAME OF CEMETERY	OR CREMATORY   23d. DOCATIO	ON (City_lown or county	(Stete)
	JEMOVAL (Specify) 7/2/67	avenon (	em this	Dlozina Wi	conver Med.
1	surear 11/3/01		13/7/2012	powy ne	come, rol
24	FUNERAL BIRECTOR'S SIGNATURE	ADDRESS	250. RECID BY REGISTRA	25b. REGISTRAR'S S	IGNATURE
	Willeams Werre	Dumer a	DATE	by flase	es Judge
-	110000				



# MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	10271	CERTIFICATE	OF DEATH	10	1270
	LACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived		befare admission)
	Wicomico Wicomico	MARYLAND	MARYLAND	b. COUNTY CO	m.co
b.	CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Salisbury	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If lautside carparate limit	s, write RURAL and give n	earest fawn)
d	. NAME OF HOSPITAL OR INSTITUTION (If nat in I	aspital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE
	Peninsula Genera	l Hospital	Pine St. Box	184	ON A FARM? YES NO
D	AME OF First (ECEASED (Type or print)	Middle	ONS 4. DATE OF DEATH J	Month 4 Lu 1	3 1967
S. SI		MARRIED NEVER MARRIED DIVORCED DIVORCED			EAR IF UNDER 24 HRS. Pays Hours Min.
	USUAL OCCUPATION (Give kind of work dane g most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or fareign co	untry) 12. CITIZE	EN OF WHAT
13.	FATHER'S NAME Track, Way	rivright	14. MOTHER'S MAIDEN NAME		
	WAS DECEASED EVER IN U.S. ARMED FORCES? , no, or unknown) (If yes give war or dates af serv		Relen Jones Jun	Address abe	Sales. M.
	18. CAUSE OF DEATH (Enter only one cause pe PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	r line for (a), (b), and (s)	Montoses		ONSET AND DEATH
	Conditions, if ony, which gove ) (b)_				
	rise to immediate cause (a), stating the underlying couse last.				
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PA	ART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
CER!	20g. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part I ar Part II of i	tem 18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Yeor Haur o.m. 19 p.m. 19		CE OF INJURY (Home, form, 20f. (City ory, street, affice bldg., etc.)	or town) (County	y) (State)
	21. I certify that (I) (this haspite saw the deceased alive an		t death occurred at 12 25 M, from	causes and on the	date stated above
	22a. SIGNATURE	· louve M.	ATTENDING MED.	STAFF 22b. DATE	SIGNED
	22c. PHYSICIAN'S DAVID J. (	SILMORE	Me DICAL CENT	ER, SALIS	buck, no
230.	BURIAL, CREMATION, REMOVAL (Specify) 7 - 16-	67 HALEN AC	hes Jale	ikures 21	ounty) (State)
24.	FUNERAL DIRECTOR	CARD PADORESS 2	2So. REC'D BY REGISTRAR	25b. REGISTRAR'S SIGN	
7	WILLA DEANILLI	The Charles had a f	DATE UL 20 1967	1	1 1

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave african popers. Pages 1 and 2 should be filed with the State Dept. at Health prior ta burial, crematian, or remaval, and in any event within 72 hours after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66 . . .

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

号 智慧	=	PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
death death		COUNTY
e + e		dicomico MARYLAND Pennsylvania Fayette
haurs afte in by the f rs. Pages haurs afte		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
7 3 5		Salisbury Uniontown 75-3
in ers. 2 h		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
within 24 ha	0	Peninsula General Hospital YES NO
within tely fill within		NAME OF DECEASED OF First Middle Lost 4. DATE Month Doy Year
4 = +		(Type or print) LIVE ITIARY LUCAS DEATH JULY /3 196)
executed camping maye, call any event		Secretary Months Doys Hours Min
9 5 5 5	-	DIVOKCED AND STATE WIDOWED DIVOKCED AND STATE OF WIDOWED DIVOKCED AND STATE OF WHAT STATE OF WHAT AND
ate be		ring most of working life, even if retired) INDUSTRY
icate sicile plec plec il, ar	1	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
death certificate be tending physician ar rmit. Then please r , ar removal, and in		Freeman Kelly Mary Sharpnack
ding ding		. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17. INFORMANT  Address es, no, or ynknown) [(If yes give wor or doles of service)]
attendin permit.		No - Watnown Miss Christine Lucas Snow H.II. Mill.
4 2 4		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) INTERVAL DETIMEN ON SET AND DEATH ON SET AND DEATH
an. by the ransit		IMMEDIATE CAUSE (0)
10 10 10		Conditions, if ony, which gove) (b) acute Folerale Heartrow I doe
physic physic signed burial burial		rise to immediate couse (a),
ding een the		stoting the underlying couse (c) Processelves to (are boosen to )
e la trend as b as prio		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) . 19. VIASAUTOPSY PERFORMED?
AN: Thal ar at icate he far use Health	2	I Secleving dende Heata Strula (YES 10)
IAN ficat for for for		20o. ACCIDENT WAS UNDERLYING
renti renti red t. a		(IF EITHER, NOTIFY MEDICAC EXAMINER)
PHYSIC ne haspi this cert etached Dept. a		20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) (City or town) (County) (Stote)
by the officer that the		p.m. 19 of work of work
ND Add by		21. I certify that (I) (this hospital) attended the degeosed fram 5/25, 19/2 to 15, 19/2 that (I) (we) saw the deceased olive an 19/2 and that death occurred at 450 M, from couses and an the date stated about
A day		saw the deceased olive an 19/1/4 19/2, and that death occurred at 45 M, from couses ond an the date stated about 220. SIGNATURE
OR ATTE be retaine DIRECTOR ge 3 shau led with th		M.D. ATTENDING MED. STAFF DIRECTOR PHYS. DIRECTOR PHYS.
		22c. PHYSICIAN'S CO. C.
PIT, ma	1	NAME (Type) KUTUS DIFARINERDE LIEA CALICENTER, SALIKBURY
O HOSPITAL Page 4 may O FUNERAL directar, pa		O. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY CR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
5 5 5 P		NUMBER OF THE SUPERIOR SUPERIO
VR A15 (4)		4. FUNERAL DIRECTOR  ADDRESS  250. RECD BY REGISTRAR 96 25b. REGISTRAR'S SIGNATURE
20 M 1/66	1	Toman f. Komus, Snow H. M. Male DATE

the first replaced to the latter of the purpose and a representation of the property of Market with a market Million of the state of the sta and the first training of the second property Mary John Suran Suran They Mr. MARYLAND STATE DEPARTMENT OF HEALTH

10273 Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE

		CERTIFICATE	OI DEMIII		206 6		
	CE OF DEATH			deceased lived, if institution: Resi	dence before admission)		
a. 6	Wicomico	MARYLAND	a. STATE	b. COUNTY S	omerset		
b C	TTY OR TOWN (If autside cornorate limits	c. LENGTH OF STAY IN 1b	c. CATY, OR TOWN (If outside	carporate, limits, write RURAL and	give nearest tawn)		
V	write RURAL and give nearest town) Salisbury		Marion 8	Station	9.2		
	NAME OF HOSPITAL OR INSTITUTION (If not in has	pital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?		
7	Peninsula General				ON A FARM?		
3. NAM		Middle	Last 4.	DATE Month	Day Year		
DEC	CEASED George	E. MAI	1.11-1	OF JULY	10 1967		
S. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH		ER I YEAR IF UNDER 24 HRS.		
M	PALE NEETO WIDO	WED DIVORCED	201,6,1898	Bast hirthday) Manth	s Days Hours Min.		
10a. US		Ob. KIND OF BUSINESS OR	11. BIRTHPLACE (County & Sto	te, or foreign country) 12.	COUNTRY?		
auring (	most of working life, even if retired) Seafood Worker	INDUSTRY	Mew Chu	rch, Va,	M.D.A.		
13. FA	THER'S MAME	1	14. MOTHER'S MAIDEN NAME	+ 111.			
	//ed / lan	uel	LYdz D	lockler			
IS. W	AS DECEASED EVER IN U.S. ARMED FORCES?		INFORMANT	Address	CT MI		
	(ii yes give war or dates at service	214-01-1959 F	Torine//lan	nkel Marie	on starilla		
18	8. CAUSE OF DEATH (Enter anly one cause per li	ne far (a), (b), and (c).)	m -		INTERVAL BETWEEN ONSET AND DEATH		
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Careiron lun	x (4) e		UNSET AND DEATH		
	16 3× DUE TO 4 1 1.						
	(conditions, if any, which gave ) (b) Mularbain & Dean (b)						
	stating the underlying cause DUE TO						
las							
S PA	ART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITIO	ON GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?		
\$					YES NO		
(IE	Oa. ACCIDENT WAS UNDERLYING ☐ 2: R CONTRIBUTING ☐ CAUSE OF DEATH F EITHER, NOTIFY MEDICAL EXAMINER)	Ob. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part	or Part II of item 18.)			
MEDICAL 20	and the state of t		CE OF INJURY (Home, farm, tory, street, affice bldg., etc.)	20f. (City or town)	(Caunty) (State)		
ME	10	While Not While fact	ory, street, diffice bidg., etc.)				
	21. I certify that (I) (this hospitol) of	ottended the deceased from_	6/6,196		9 6 /, that (1) (we) las		
	saw the deceased olive on	7- 7 19 6/, and tha	t death occurred at 16	M, from causes and or			
2	22a. SIGNATURE		ATTENDING MED	STAFF	DATE SIGNED		
1 -		J. Jack. M.	D. PHYS. DIRE 22d. ADDRESS	CTOR L PHYS. L	7-12-67		
2	PACE PHYSICIAN'S NAME (Type) NEVINS	W. 1000	ZZG. ADDRESS				
23a. B	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	~ /	23d. LOCATION (City or Town)	(County) (State)		
	REMOVATISHED JULY 13, 19	67 Ward Memor	. P	Marion Stan			
24. A	UNERAL DIRECTOR T	Marion Sta	111	REGISTRAR 19672Sb. REGISTRAR	mes Judge		
1110	ITIId U. XVa C	11/41/101/20	DATE DATE		0.9		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. in by the funeral, Page 4 may be retained by the hospital ar attending physician.

ours after death

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fitted i director, page 3 shauld be detached far use as the burial-transit permit. Then please remave cardan papel shauld be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, within 772 VR A15 (4) 20 M 1/66

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CERTIFICATE OF DEATH

	PLACE OF DEATH			Vhere deceosed lived, if institution: Reside	ence befare admission)
	o. COUNTY Wicomico	MARYLAND	a. STATE DE	ANIZOF 6. COUNTY S	USSEX
-	b. CITY OR TOWN (If outside carparate limits,	c. LENGTH OF STAY IN 16	CITY OR TOWN (If an	tside carparate limits, write RURAL and gi	ive negrest town)
	Sallsbull	7 045		ES RURAL	
	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, or		d. STREET ADDRESS	L I I O XIIE	e. IS RESIDENCE
	Peninsula General Hos		G. Siller Rosiles		ON A FARM? YES NO
	NAME OF First	Middle	Last	4. DATE Manth	Doy Year
	DECEASED (Type or print)	J, -	march	DEATH CLUB LIS	18 1967
	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE/(In years / IF UNDER	R 1 YEAR   IF UNDER 24 HRS.
1	FEM WILLTE WIDOWED	DIVORCED TO	FEB.23.189	lost birthday) Months	Days Hours Min.
		IND OF BUSINESS OR		& State, or fareign (country) 12. (	CITIZEN OF WHAT
dur		IDUSTRY	MD.	U	OUNTRY?
13.	FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
	W. JoHNSO.	N	DARAH	HORNEY	
IS.			NFORMANT	Address	
(16	es, no, or unknown) (If yes give war ar dates of service) 2.7	1-24-8690 41	2. CHARLES	A. MARSH	
H	18. CAUSE OF DEATH (Enter only one cause per line far				INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:				ONSET AND DEATH
	IMMEDIATE CAUSE (a)	1	1	11 10	_
	Conditions, if any, which gave ) (b)	1 40017 De	lewoll 1	Least Derson	LOR CONDEX
	nse ta immediate cause (a), ( DUE TO	0,000,1			
	stating the underlying cause (c)				
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T	TO DEVIN BILL NOT BELVIED TO	THE TERMINAL DISEASE CON	ADITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
NOI	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	BODO NOT KEEPED TO	THE TERMINAL DISUSE CON	A -	PERFORMED?
ICA	May ACCIDENT WAS HUDGEN WING TO	SCOINT HAW INTIDA OCCUPATO	(Catar active of injury in	Dord Loo Dord Hot item 19	YES   NO X
CERTIFICATION	200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRED.	(corer nature at injury in I	rant for Part II of Hem 16.)	
MEDICAL		NJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, farm	. 20f. (City ar town) (C	ounty) (State)
MED	Haur o.m. While		ary, street, affice bldg., etc.)		
	p.m. 19 at ward 21. I certify that (I) (this hospital) atten		1-11	967 to 7- 78.19	of, that (1) (we) los
Н	saw the deceased olive on	10 and the		201AM, from couses ond on	
	22g. SIGNATURE	The transfer and man	T GOOTH GEOTICG GR		DATE SIGNED
	10968000	2 (/ - M.	D. PHYS.	MED STAFF DIRECTOR PHYS.	-18-60
	22c. PHYSICIAN'S	11.	22d. ADDRESS	DIRECTOR CO PILIS.	100/
	NAME (Type)				
220	D. BURIAL CREMATION. 23b. DATE THEREOF	23c. NAME OF CEMETERY OR.	CREMATORY	23d LOCATION (City or Town)	(Caunty) (State)
230	REMOVAL (Specify) Till 7.2.1677	BETHEL MI		I EWES, D	ELIT - (SIGILE)
24	4. FUNERAL DIRECTOR	ADDRESS			
1 24	HILE			2 1 1967 War	HIGHATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fundirector, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages should be filed with the State Dept. af Health priar to burial, cremation, ar remayal, and in any eyent, within 72 hours after a should be filed with the State Dept. Page 4 may be retained by the haspital or attending physician.

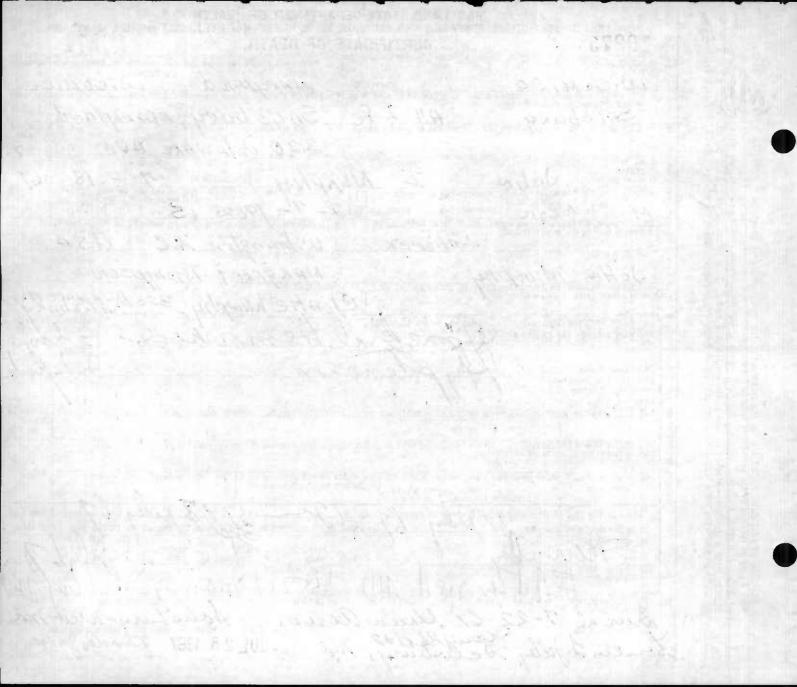
VR A15 (4) 20 M 1/66

death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. atter. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour Page 4 may be retained by the hospital or attending physician.

> VR AIS (4) 2DM 1/65

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10275 CERTIFICATE OF DEATH

1. PLACE OF DÉATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
(N'CeM'CO MARYLAND	a. STATE b. COUNTY WARRENDER OF MICH
b. CITY OR TOWN (if outside corporate limits.   C. LENGTH CF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town) SA/ISAURU All Life	Sal's burger 4/0 miland and
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS   0. IS RESIDENCE
a the state of the	ON A FARM?
	1 320 DELAWARE HUR YES NOTA
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) JOHN L MI	18Ph 4 DEATH 7 - 18 1967
5. SEX   6. COLOR OR RACE   7. MARRIED NEVER MARRIED	8. PATE OF BIRTH 9. AGE (In years   FUNDER 1 YEAR   FUNDER 24 HRS.   last birthday)   Months   Days   Hours   Min.
M Negro WIDOWED DIVORCED	2-7-1962 65 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done   1Db. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT
during most of working life, even if retired)	111: la sota N.C. GOUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
la Val Muzahil	Margaret Thumson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? / 16. SOCIAL SECURITY NO.   17.	INFORMANT Address
(Yes, no, or unkown) (If yes give war or dates of service)	11 at a 41 and 220 DOIANAGE AUP.
	JOHFIE MURPHY, SALISBURY
18. CAUSE DF DEATH [Enter only one cause per like for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Hemorroe zacio.
33/X DUE TO	
Conditions if any which \	2 Solvento
gave rise to immediate	TO THE STATE
underlying cover leet	
	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WAS AUTOPSY
TA STATE OF THE ST	PERFORMED?
200 ACCIDENT WAS UNDERLYING ET I 20b DECORDER HOW INVITED ACCIDENT	YES NO
I ≪ I OR CONTRIBUTING □ CAUSE OF DEATH	JRRED. (Enter nature of Injury In Part I or Part II of Item 18.)
2Dc. TIME OF INJURY Month, Day, Year   2Dd. INJURY OCCURRED   2De. PLA	CCE OF INJURY (Home, farm, 2Df. (City or town) (County) (State)
ZDc. TIME OF INJURY Month, Day, Year   2Dd. INJURY OCCURRED   2De. PLF	- 0 /
21. I certify that (I) (this hospital) attended the deceased from	1967 to 8 July 1967 that (I) (we) last
"I a klava	death occurred at M. from the causes and on the date stated above.
22a. STUNATURE	22b. DATE SIGNED
1 Munds	ATTENDING MED STAFF 7 21 W
22c. PHYSICIAN'S A	D. PHYS. DIRECTOR PHYS.
NAME (Type) + A (1: - 2 0 ) MA	16011 man 1 Jal H. / Jal
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. MOCATION (City, town or county) (state)
MOVAL (Soecity)	Y OR CREMATORY 23d. JOCATION (City, town or county) (State)
24 FINERAL PIPETOR	cres Houspury-Mich Ma.
24. FUNERAL DIRECTOR 11 Screen RADDRESS 12	25a. REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE
South & Jalley Salistiury, 1	DATE JUL 28 1967 felianles Judge



death. Page (Derethind By the hospital or altending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filledirector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, Page 6 filed with the State Dept. of Health prior to burial, generation, or removal, and in any event, within 72 hours

VR A15 (4) 1SM 7-62

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		1	
The same	-		
	-		

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 0276 CERTIFICATE OF DEATH 10276

b. CITY OF TOWN III clusted corporate limits.    C. LENGTH OF STAY IN 16   C. CITY OF TOWN III clusted corporate limits.   C. LENGTH OF STAY IN 16   C. CITY OF TOWN III clusted corporate limits.   C. LENGTH OF STAY IN 16   C. CITY OF TOWN III clusted corporate limits.   Wilder   C. CITY OF TOWN III clusted corporate limits.   WILDER   WILDER   C. CITY OF TOWN III clusted corporate limits.   WILDER   C. CITY OF TOWN III clusted corporate limits.   WILDER   C. CITY OF TOWN III clusted corporate limits.   WILDER   C. CITY OF TOWN III clusted corporate limits.   WILDER   C. CITY OF TOWN III clusted corporate limits.   WILDER   C. CITY OF TOWN III clusted corporate limits.   WILDER   C. CITY OF TOWN III clusted corporate limits.   WILDER   C. CITY OF TOWN III clusted corporate limits.   WILDER   C. CITY OF TOWN III clusted corporate limits.		PLACE OF DEATH				2. USUAL RESIDEN	ICE (Where decease	d lived, If inst	litution: Reside	nce before edmission)
Hebron  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  209 West Main Street  209 West Main Street  No. AAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  1 MANKE OF DECEASED (Type or princ)  1 SAARE OF BECEASED (Type or princ)  1 SAARE OF AREA OF SAARE OF MAIN STREET  Maile  White  Whother Marke of Deceased  1 SAARE OF AREA OF SAARE OF MARKE OF SAARE					MARYLAND	. STATE Mary	rland	b. COUNTY	Wi	comico
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital), give street address)  209 West Main Street  3. NAME OF DECRASED  1. SAAC  209 West Main Street  209 West Main Street  3. NAME OF DECRASED  1. SAAC  209 West Main Street  3. ARTE Month  20		write RURAL and	give nearest town)	\$,	c. LENGTH OF STAY IN 16			limits, write Ri	URAL end give	nearest town)
209 West Main Street    Street										22-1
3. NAME OF DECRASE   150 Mode   1		d. NAME OF HOSPIT		f not in hos	pitel, give street address)	d. STREET ADDRESS				
DECRASE (Type or print)  ISAAC WALTER MURRAY  DEATH JULY 26 19 67  S. SEX (COLOR OR RACE 7. MARNIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (in year   FUNDER 19 FARK)  Male (COLOR OR RACE 7. MARNIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (in year   FUNDER 19 FARK)  Male (COLOR OR RACE 7. MARNIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (in year   FUNDER 19 FARK)  Male (COLOR OR RACE 7. MARNIED   NEVER MARRIED   18. BATE OF BIRTH   19. AGE (in year   FUNDER 19 FARK)  Male (COLOR OR RACE 7. MARNIED   NEVER MARRIED   19. DATE OF BIRTH   19. DATE   19. DATE				n St				in Str	reet	
S. SEX   6. COLOR OR RACE   NAMERIE   NAME MARRIED   NAME MARRIE		DECEASED					OF		Dey	
Male White widowid Divorced Aug. 5/ 1904 62 "". Maj Barrinday)  Too. USUAL OCCUPATION (Give kind of work and of working)  Too. Will all the work of the work and the work of the work and the working and of working like, were if verified Farmer Wilcomfee Co., Maryland U.S.A.  13. WAS DECEASED EVER IN U.S. ARREPTORCES?  14. MOTHER'S MAINE MAINE  I.S. WAS DECEASED EVER IN U.S. ARREPTORCES?  15. WAS DECEASED EVER IN U.S. ARREPTORCES?  16. SOCIAL SECURITY NO. I.P. INTERMANT  (Teg. no. or unknown) (lives) inwaver deleased service. 14-36-5209  18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]  18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  (C) Conditions, if any, which pave rise to immediate cause (e), staining the underlying occur law.  (c) Conditions, if any, which pave rise to immediate cause (e), staining the underlying Cause (e), staining the underlying Cause for DEATH III (e) DUE TO CONTRIBUTING CAUSE (o) DESCRIBE HOW INJURY OCCURED DUE TO GO. ACCIDENT WAS UNDERLYING CAUSE OF DEATH IF ETHER NOTITY MOLOCAL EXAMINES.  20. ACCIDENT WAS UNDERLYING CAUSE OF DEATH IF ETHER NOTITY MOLOCAL EXAMINES.  N/A  20. TIME OF INJURY Month, Day, Year While Stay of the While Stay of the Cause and on the date stated above.  21. Certify that (i) (this hospital) altended the deceased from Male Stay of the Causes and on the date stated above.  22. SIGNATURE  22. SIGNATURE  22. SIGNATURE  22. SIGNATURE  22. SIGNATURE  22. REMINAL, CERMANTON DAY DAY OF CERTERY OR CERMANTORY  22. BURNAL, CERMANTON DAY OF CERTERY OR CERMANTORY  22. BURNAL, CERMANTON DAY OF CERTERY OR CERMANTORY  23. SURVAL, CERMANTON DAY OF CERTERY OR CERMANTORY  24. SURVAL, CERMANTON DAY OF CERTERY OR CERMANTORY  25. BURNAL, CERMANTON DAY OF CERTERY OR CERMANTORY  25. BURNAL, CERMANTON DAY OF CERTERY SIGNATURE  26. SURVAL, CERMANTON DAY OF CERTERY OR CERMANTORY  27. SURVAL, CERMANTON DAY OF CERTERY SIGNATURE  28. BURNAL, CERMANTON DAY OF CERTERY SIGNATURE  29. BURNAL, CERMANTON DAY OF CERTER	-			-		URRAY	DEATH	July	26	19 67
DIORCED   DIVORCED   DIVORCED   DIVORCED   AUG. 57 1904 62 yr. TIT 21   Discussion   Discussion			6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED 3 8	. DATE OF BIRTH				
Retired Farmer   Farming   Wicomico Co., Maryland USA						0 - 2 -	62	yrs.	11 21	Hours Min.
13. FATHER'S NAME  ISABC James Murray  14. MOTHER'S MAIDEN NAME  ISABC James Murray  15. WAS DECEASE EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO. ID. INFORMANT  17. WAS DECEASE EVER IN U.S. ARMED FORCES?  18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]  18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]  19. PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (e)  10. Londitions, if eny, which is manufalte cause  (a), stalling the underlying (c)  19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PENCONNECT  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PENCONNECT  PENCONNECT (c)  20c. ACCIDENT WAS UNDERLYING (c)  20c. ACCIDENT WAS UNDERLYING (c)  20c. THE OF INJURY MONTH, Day, Year Month, Day, Year Hour e.m., 19. Month, Day, Year Significant Conditions, in the cause and on the date stated above.  20c. THE OF INJURY Month, Day, Year I should be shorted at every factory, street, office bidge, etc.]  21. I certify that (1) (this hospital) altended the deceased from the causes and on the date stated above.  22. SIGNATURE  22. SIGNATURE  22. SIGNATURE  23. SIGNATURE  24. PUNEAR ADDRESS  25. RECIDENT REGISTRAR'S SIGNATURE	do	ne during most of wo	rking life, even if retired	3)						
ISAAC JAMES MUTTAY  15. WAS DECRASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO. IT INFORMANT  17. No. or unknown) (Hyrysgive were deleased service)  11. 36. 5209  12. AMDE OF DEATH [Enter only one cause per line for (e), (b), and (c)]  12. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c)]  13. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c)]  14. AMDEDIATE CAUSE (e)  15. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c)]  15. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c)]  16. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c)]  17. Conditions, if any, which pays rise to immediate cause (e)  18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c)]  19. WAS AUTOPSY PERFORMED	_		. 0.2 11102	1 4	rormane.			ATCITIC	. 0	D A
15. WAS DECASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.		Isaac Jar	mes Murra	v						
Record of the contribution of the contributi	15.	WAS DECEASED EVE	R IN U.S. ARMED FOR	CES?   16	SOCIAL SECURITY NO. 1 17.			Address		
PART I. DEATH WAS CAUSE BY IMMEDIATE CAUSE (a)  DUE TO  Conditions, if eny, which gave rise to immediate couse [a], staining the underlying couse last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED)  YES DOE ACCIDENT WAS UNDERLYING DOESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.)  OR CONTRIBUTING CAUSE OF DEATH INTERPRETATION OF COURSE OF INJURY (Home, farm, p.m. 19 and what while st work of the street, office bldg., etc.)  20c. TIME OF INJURY Month, Day, Yeer While st work of the stated above.  21. I certify that II) (this hospital) altended the deceased from the deceased alive on the date stated above.  222. SIGNATURE  224. ADDRESS  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED)  YES NAME Type) Dr. John G. Bulkeley  PART I. DEATH WAS CAUSE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED)  YES NAME TYPE I OF PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT OF PART II. OTHER CAUSE ON IN PART I(e) 19. WAS AUTOPSY PERFORMED)  YES NOT THE COURSE IN THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED)  YES DOES ON THE TIME OF INJURY HERE IN THE TIME OF INJURY (Home, farm, 201. (City or town) (County) (Stete)  ATTENDING DIRECTOR: STAFF PHYS. DIPLOMED STAFF SIGNATURE  226. BURIAL CREMATION)  227. PHYSICIAN'S NOT THE THERE OF 23c. NAME OF CEMETERY OR CREMATORY OLD THE TERMINAL DISEASE CONDITION MATTER CAUSES AND REGISTER'S SIGNATURE  228. BURIAL CREMATION)  239. BURIAL CREMATION)  240. PUNERAL DIRECTOR'S SIGNATURE  250. REC'D BY REGISTER'S SIGNATURE	(Ye	g, no, or unkown) (If	yes give war or dates of se	*vice)21	1 36 F200 Mr	s.Bernice treet - He	M. Cooper	r(Sist	er)209	9 W.Main
DUE TO Conditions, if eny, which pave rise to immediate cause (a), staling the underlying (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO MEDICAL EXAMINER;  20e. ACCIDENT WAS UNDERLYING CAUSE OF DEATH II. OTHER REMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO MEDICAL EXAMINER;  20e. TIME OF INJURY Month, Day, Yeer While Sold Work Sold While So		18. CAUSE OF D	EATH [Enter only one	cause per l	ine for (e), (b), end (c).}	10	02 021 9 170-2	A separate and		
DUE TO  Conditions, if eny, which gave rise to immediate couse (a), staling the underlying (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED? YES NO NO NOT CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER;  20c. ACCIDENT WAS UNDERLYING ACCIDE				(0	CHELL MA	and lu	14 ()		0	NSET AND DEATH
DUE TO    Cause last.		163x			a conce		200			2002
DUE TO    Cause last.		Conditions, if eny	which >						S. O.L.	
Cel   Substitute   Cel   Part II. Other Significant Conditions Contributing to Death But not related to the terminal disease condition given in Part IIe)   19. Was autopsy Performed   19. Was auto			ate ceuse							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO PERFORMED. YES NO PERFORMED? YES NO PERFORMED. YES NO PERFORMED? YES NO PERFORMED. YES NO PERFORMED. YES NO PERFORMED. YES NO PERFORMED.			derlying DUE TO						100	
20e. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH   OR CONTRIBUTING   CAUSE OF DEATH   OR COUNTY   OR										
20c. TIME OF INJURY Month, Dey, Yeer Hour e.m.  19   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, farm, factory, street, office bldg., etc.)    21. I certify that (I) (this hospital) attended the deceased from   19   10   10   10   10   10   10   10	ATION	PART II. OTHER	SIGNIFICANT CONDIT	IONS CON	TRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMI	INAL DISEASE COND	DITION GIVEN	IN PART 1(e)	PERFORMED?
20c. TIME OF INJURY Month, Dey, Yeer Hour e.m.  19   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, farm, factory, street, office bldg., etc.)    21. I certify that (I) (this hospital) attended the deceased from   19   10   10   10   10   10   10   10	TIFIC			20b. DES	CRIBE HOW INJURY OCCURED	. (Enter neture of injury in	Pert I or Pert II of ite	m 18.)		
21. I certify that (I) (this hospital) attended the deceased from 19. to 19. to 19. that (I) (we) last saw the deceased alive on 19. In and that death occurred at 0.05 from the causes and on the date stated above.  22a. SIGNATURE  ATTENDING MED. STAFF July 6 /1967  22b. DATE SIGNED PHYS. X DIRECTOR PHYS. July 6 /1967  22c. PHYSIQAN'S NAME (Type) Dr. John G. Bulkeley Pine Bluff Road-Salisbury, Maryland  23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (Stele)  REMOVAL (Specify) July 30/1967 Mardela Cemetery (Old Section) Margela, Maryland  24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25e. REC'D BY REGISTRAR'S SIGNATURE				N/A	A					
saw the deceased alive on	MEDICA	Hour e.m.		While	Not While fact	CE OF INJURY (Home, far ory, street, office bldg., etc	m, 20f. (City or to	wn)	(County)	(Stete)
220. SIGNATURE  220. SIGNATURE  M.D. ATTENDING MED. STAFF SIGNED  PHYS. X DIRECTOR PHYS. July /1967  221. ADDRESS  Pine Bluff Road-Salisbury, Maryland  230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY  PHYS. X DIRECTOR PHYS. July /1967  221. ADDRESS  222. PHYSICIAN'S NAME (Type) Dr. John G. Bulkeley  Pine Bluff Road-Salisbury, Maryland  230. LOCATION (City, Iown or county) (Stote)  REMOVAL (Specify) July 30/1967 Mardela Cemetery (Old Section) Margela, Maryland  24. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  250. REC'D BY REGISTRAR'S SIGNATURE			0	0	1 -1	Ann. 8	00 00 30	causes and		The state of the s
ATTENDING MED.  ATTENDING MED.  PHYS. DIRECTOR MED.  22c. PHYSIONAN'S DIRECTOR DIREC			0			l desired dr.				
Pine Bluff Road-Salisbury, Maryland  230. BURLL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (Stetle)  REMOVAL (Specify) July 30/1967 Mardela Cemetery (Old Section) Margela, Maryland  24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR'S SIGNATURE		Cale	50	les	seley "	DANIE TYP			July	
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown of county) (State)  REMOVAL (Specify) July 30/1967 Mardela Cemetery (Old Section) Margela, Maryland  24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25c. REC'D BY REGISTRAR'S SIGNATURE			Dr. John	G. B	ulkelev		ff Road-	Salis	bury.	Maryland
REMOVAL (Sprify)  July 30/1967 Mardela Cemetery(Old Section) Mardela, Maryland  24 FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS  250. REC'D BY REGISTRAR'S SIGNATURE	23e	BURIAL, CREMATIC			N.					
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS HOLLOWAY & COMPANY - SALISBURY, MARYLAND DATE JUL 3 1 1967 FUNERAL SIGNATURE		REMOVAL (Specify)		1- 1.						1.000
	24 I	HOLLOWAY	& COMPAN	Z - S	ADDRESS SALISBURY, MA	RYLAND DATE	JUL 3 1 19	/ / /		

deduct intal took for Steering Hill desw 908 as vist . August took a seem to the training Temper Douldel Wicomico We. Mercleral - U.S. March warpun asgat ossal Ars. Rereica L. Cooper(Shaper) 209 A. Bein Screet - Behron, Murtland R088-78-408 - 1. 120:8-gol SOC X MALE IN AS IT TO THE ME Pine Bluck Head-ShitsWare, Mayelless Dr. John G. Bulkeley Thirdal Tuly 30/1967 Merdele Cemetery(Cla Section) Merdele, Sarahand TORK I & THE CHATTERN, MARYEAN, WILLIAM - WARREN A YANGLION

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10211		CERTIFICAT	E OF DEATH	10	276		
PLACE OF DEATH     a. COUNTY	Wicomico	MARYLAND	g. STATE	Where deceased lived, if institution: Resi b. COUNTY wi	dence before admissian)		
write RURAL o	(If outside corparote limits, and give neorest town)  Lisbury, Md.	c. LENGTH OF STAY IN 16		tside corporote limits, write RURAL ond Lisbury, Maryland			
	TAL OR INSTITUTION (If not in F Head State Ho	, ,	d. STREET ADDRESS	lest Observable 64	e IS RESIDENC ON A FARM		
3. NAME OF	First	Middle	last	Last Church St.	YES NO		
(Type ar print)	Charles	Walter Nicker	son	OF DEATH July	31. 19 67		
S. SEX		NARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH October 3,18	Land Street Land David	DER I YEAR IF UNDER 24 H		
10o. USUAL OCCUPATION during most of workin Retired 13. FATHER'S NAME		10b. KIND OF BUSINESS OR INDUSTRY Plumbing		e, Maryland	CITIZEN OF WHAT COUNTRY? JSA		
Henry Ni	ickerson		Emma Brown				
15. WAS DECEASED EV	/ER IN U.S. ARMED FORCES? ) (If yes give wor ar dotes af serv	16. SOCIAL SECURITY NO. 17. 217-09-1348		Tull (Friend) St., Salisbury, Ma	ryland		
Canditions, if on rise to immedia stating the und	ite cause (a),	Carcinoma of le Metastatic from		°ossa carcinoma (1	onset and deat 7 month.		
PART II. OTHER	SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO		
OR CONTRIBUTIN	AS UNDERLYING   G  CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED  N / Δ	. (Enter noture of injury in f	Part I or Port II of item 18.)			
Hour o	JURY Manth, Doy, Yeor .m. 19		ACE OF INJURY (Home, form ctary, street, office bldg., etc.)		(County) (State		
saw_the_a	21. I certify that (I) (this haspital) attended the deceased fram July 17, 1967, to July 31, 1967, that (I) (we) I saw the deceased alive an July 31, 1967, and that death accurred at 9:08 M fram causes and an the date stated aba						
220. SIGNATURE	arles I	ein aco Im	.D. PHYS.	MED. STAFF DIRECTOR PHYS. 22b.	7/31/67		
22c. PHYSICIAN' NAME (Typ		Vinnacott, M. D.		ead State Hosp., S	Salisbury, M		
23a. BURIAL, CREMAT REMOVAL (Specil Burial	August 3.	1967 Wicomico Memo	orial Park	23d. LOCATION (City or Town)  Salisbury, Mary			
24. FUNERAL DIRECT		SALISBURY, MARYLA		BY REGISTRAR 256. REGISTRAR	sica judge		

DATE AUG

**10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages and

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 3 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any events within 72 hours after death. hours after TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
OPPONENTIAL CERTIFICATE OF DEATH

102.10	CLRITTOAT	L OF DEATH		7019 0 8	
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (	Where deceased lived, If	Institution: Residen	ce before admission)
Wicomico	MARYLAND	a. STATE Mary	Land b. co	OUNTY Wicom	ico
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If out	side corporate limits,	write RURAL and g	give nearest town)
Salisbury		Salia	sbury	2	24
d. NAME OF HOSPITAL OR INSTITUTION (if not in h		d. STREET AOORESS			e. IS RESIDENCE ON A FARM?
402 East Lincoln		402 I	E.Lincoln		YES NO T
3. NAME OF First DECEASED (Type or print) RAYMOND	CLAYTON T	Last 4	OF DEATH JU	onth 0a 1v 26	
F AFY 10 colon on nearly		B. OATE OF BIRTH	9. AGE (In year	ars   IF UNOER 1 YEA	
Male White WIOOWED		Sept.26/1900	0 last birthda	" months ouys	Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done \ 10b. K	IND OF BUSINESS OR	11. BIRTHPLACE (Count	00 310	ntry)   12. CITIZEN	N OF WHAT
during most of working life, even if retired)  Painter  House	NOUSTRY se Painting	Wicomico (	Co. Maryl:	and Countr	SA
13. FATHER'S NAME	30 1 071107112	14. MOTHER'S MAIOEN			
William Portocki Parker	r	Helen Parl	ker Parker	r	
	SOCIAL SECURITY NO. 17.	INFORMANT IN L. I	Parker(W1	tess LOS E	ast
No No Chirathi (Tryes give was or dates of service)	7-10-3901 L	incoln Ave.	Salisbur	v. Maryla	
18. CAUSE OF DEATH [Enter only one cause per l				INT	ERVAL BETWEEN
PART I. OEATH WAS CAUSEO BY:	ronary a	regary or	rate of	2021	SET AND DEATH
4201 OUE TO		/.	0	1	,
Conditions, If any, which ) (b) 6	ronary	orfer of	illoros	es (	115
gave rise to immediate cause (a), stating the OUE TO					
underlying cause last. (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED  20a. ACCIDENT WAS UNDERLYING  20b. OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JTING TO OEATH BUT NOT RELA	TEO TO THE TERMINAL OISE	ASE CONOITION GIVEN		PERFORMED?
20a. ACCIDENT WAS UNDERLYING []   20b.	DESCRIBE HOW INJURY OCCU	RREO. (Enter nature of In)	ury In Part I or Part I	II of Item 18.)	
20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	/A				
3 20c. TIME OF INJURY Month, Oay, Year   20d. I	NJURY OCCURRED   20e. PLA	CE OF INJURY (Home, farm, ry, street, office bldg., etc.)	20f. (City or town)	(County)	(State)
20c. TIME OF INJURY Month, Oay, Year 20d. I Hour a.m. While p.m. 19 at worl	MOT WILLIE	ry, street, omcebiug., etc.)			
21. I certify that (I) (this hospital) attend	ed the deceased from	Hure 196	7 to face	72/1967	that (I) (we) last
saw the deceased alive on July	23 19 6 7, and that	death occurred at	M, from the caus	es and on the da	ate stated above.
22a. SIGNATURE	4	ATTENDING . HEC	OTAFF	22b. OATE S	1 1 1
W Sottle	UZ M.D		ECTOR PHYS. [	$\square$ July 2	6 /1967
22c. PHYSICIAN'S NAME (Type) 4. V. Sohl	(ch	22d. AOORESS	(10812-	Del	
23a. BURIAL, CREMATION, 23b. OATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (CITY	, town or county)	(State)
Burial July 29/196'	Parsons Co	emetery	Salisbur		
24. FUNERAL OIRECTOR	AOORESS		BY REGISTRAR   25b.	REGISTRAR'S SIG	NATURE
HOLLOWAY & COMPANY SAI	LISBURY, MARY	LAND OATE JUL	3 1 196/	A LOS	10

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Page 4 may be retained by the hospital or attending physician.

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VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
10279
CERTIFICATE OF DEATH

2020	4-06
PLACE DF DEATH     a. COUNTY	USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)     a, STATE     b, COUNTY
WICOMICO MARYLAND	MARYLAND WICOMICO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  SALISBURY	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  FRUITLAND
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	
WICOMICO NURSING HOME	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?  YES NO X
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year 6 7
(Type or print) EMORY C. PAYNE	DEATH JULY 2 19.66
	B. DATE OF BIRTH 19. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
MALE WHITE WIDOWED DIVORCED	NOV.28,1881   S   Months   Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS DR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
RETIRED CARPENTER	SOMERSET CO. MD. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOSHUA PAYNE	MARY STRUAUSS
	INFORMANT Address
NO MRS	S ADDIE F. PAYNE FRUITLAND, MD.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c),	S ADDIE F. PAYNE FRUITLAND, MD.
PART I. DEATH WAS CAUSED BY:	ONSE AND DEATH
IMMEDIATE CAUSE (a)	mores rang,
33XX DUE TO	
Conditions, If any, which (b)	
gave rise to Immediate ( cause (a), stating the DUE TO	
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY PERFORMED?  YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY PERFORMED?
20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in Part I or Part II of Item 18.)
	INCLUDE CENTER OF INJURY IN PARTY OF FAIR IT OF ICOM 2007
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC While Not While at work at work	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While Not While	y, street, office bldg., etc.)
	1 1 19 71 17
21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 19 d, and that	death occurred atM, from the causes and on the date stated above.
22a. SIPPORTURE 1/1/1/24	22b. DATE SIGNED
Lally/Selection M.D.	ATTENDING MED. STAFF PHYS. PHYS.
22c. SHYSICIAN'S NAME (Type)	22d. ADDRESS
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
BURIAL 7/5/1967 PRESBYTERIA	AN CEMETERY REHOBETH, MD.
24. FUNERAL DIRECTOR ADDRESS	25a. REGIO BY REGISTRAID 250. REGISTRAR'S SIGNATURE
LEVIN R. WILSON PRINCESS ANNE. MI	D. DATE

COLUMN THE COLUMN TO THE COLUMN T

1881, 88, VON

TATORY O. PAYRIX

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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10280

### CERTIFICATE OF DEATH

10279

2010		CERTIFICATE	OI DLAIN		J.	0410
1. PLACE OF DEATH			2. USUAL RESIDENCE	(Where deceosed lived	, if institution: Residen	ce before admission
a. COUNTY	Wicomico	MARYLAND	o. STATE	rland	b. COUNTY	lbot
	I (If autside carparate limits,	c. LENGTH OF STAY IN 1b	U		, write RURAL and give	
write RURAL	and give neorest town)				,	,
A MANE OF HOS	Salisbury PITAL OR INSTITUTION (If not in ho	79 days	Oxfo	ord	ale	I all preint
~		L 11. 11.	d. STREET ADDRESS			e IS RESIDE
200	rshead stat	e Hospital	P.0.	Box 51		YES N
3. NAME OF	First	Middle	Last	4. DATE	Month	Day Year
(Type or print)	HATTIE	B. PET	ERSON	OF DEATH	7	28 1967
S. SEX	6. COLOR OR RACE 7. MA		8. DATE OF BIRTH	9. AGE (1		
F	C WID	DOWED TO DIVORCED	11-8-189	n lost b	irthday) Months	Days Hours
	ON (Give kind of work done	10b. KIND OF BUSINESS OR	11 BIRTHPLACE (County	y & State, or fareign cau		TIZEN OF WHAT
	ng life, even if retired)	Retired	The same of	md.		UNTRY 2
13. FATHER'S NAME		Keurea	14. MOTHER'S MAIDEN	/	- U	3"/
S. TAME	1 Happ.		months maiden	01111	Bank	
Mar	D 14 ales		mary c	rizavein	Burya	
	EVER IN U.S. ARMED FORCES?  (If yes give wor or dates of service)	(e)	INFORMANT	0. 1	Address	/
NO		212-16-100YA	Marshall.	Danks, C	Mord,	ma,
	DEATH (Enter only one cause per	line for (a), (b), and (c).)	11 +	1-1	0	INTERVAL SETW
PART I. D	EATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)	manter	HUN	Laulen		SASET AND DE
260		× 1. 1. 0	11			
Conditions, if o	ny, which gave ) (b)	Viabete 7	nell te	<b>19</b> .		425
	iate cause (a),	- 1 1		1.	^	0
stating the un-	derlying couse	InteroSolis	tec Cara	hovaca	la Di	Tres
	SIGNIFICANT CONDITIONS CONTDID	UTING TO DEATH BUT NOT RELATED TO	THE TEDMINAL DISEASE CO	MIDITION CIVEN IN DA	DT 1/a)	I WAS AUTOP
NANT II. UIIICK	SIGNIFICANT CONDITIONS CONTRIB	BOT NOT KELATED TO	THE TERMINAL DISEASE CO	MUTTION GIVEN IN PA	KI I(d)	PERFORMED
\$						YES N
	VAS UNDERLYING □ NG □ CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature at injury in	Part I ar Part II of it	em 18.)	
	FY MEDICAL EXAMINER)					
20c. TIME OF II	NJURY Month, Day, Year		CE OF INJURY (Hame, far tary, street, office bldg., etc		r tawn) (Cau	unty) (St
₹ 11001	p.m. 19	While at work fact	iory, street, office blug., eff	/		
		attended the deceased fram M		1967 , to Ju	Ly 28 , 196	7 , that (I) (w
	deceased alive an July		t death accurred at	2:50 AM, fram	causes and an th	ne date stated
220. SKANATUR		111	4 222110 1110	10		ATE SIGNED
Un	drw CM	they M.	D. PHYS.		TAFF HVS.	7/28/67
22c. PHYSICIAN	1'S		22d. ADDRESS			Md.
NAME (Ty)	pe) A. C. Mitche	11, M. D.	Deer's H	lead State	Hospital,	Salisbu
23o. 8URIAL CREMA	TION. 23b. DATE THEREOF	23c. NAME OF CEMETERY OR		23d. LOCATION		
O REMOVAL (Spec		- 1 1 - 1	1 1 1	/	telly of lowill	(County) (Sto
BURIAL	1-31-6		ley Cemetery		a va	Cose 114
24. FUNERAL DIREC	D N . D	ADDRESS	250. RJC	D BY REGISTAR	2Sb. REGISTRAR'S SI	GNATURE
Darbar	W I. Daghel	el 426 Doverst. Ell	plan DATE	NUG 2 19	61 Julia	res Judg
	7- 00-70	1,0000000000000000000000000000000000000	mid.			0 0

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

**TO FUNERAL DIRECTOR**: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any everit, within 72 haurs after decor

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### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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1967

	TONGE	CERTIFICATE	OI DEATH		1.0600
ī	. PLACE OF DEATH			ere deceased lived, if institution:	
	o. COUNTY Wicomico	MARYLAND	o. STATE Mars	yland b. COUNTY	Somerset
	b. CITY OR TOWN (If autside carparate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outs	de corporote limits, write RURAL	
1	Salisbury	I da.	Princes	sAnne	19-2
	d. NAME OF HOSPITAL OR INSTITUTION (If not in		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	Peninsula Genera	al Hospital			YES NO [
3	NAME OF First DECEASED D	Middle	2	4. DATE Month	Doy Year
_	(Type or print) 17 ebd	Nannie /	OWELL	DEATH VULY	28 1967 IF UNDER 1 YEAR   IF UNDER 24 HR
5	o. coeda da ance	THE REAL PROPERTY OF THE PARTY	8. DATE OF BIRTH		Months Doys Hours Min.
4	FEMALE WHITE  Oo. USUAL OCCUPATION (Give kind of work done	DIVORCED DIVORCED DIVORCED	11. BIRTHPLACE (County &	State of Series Country)	12. CITIZEN OF WHAT
d	luring mast of working life, even if retired)	INDUSTRY			COUNTRY?
-	HOUSE WITE	Itousework	Somerset		1 412.1
	T-b = Addin		Na - av 5	llen Pare	lica
	IS. WAS DECEASED EVER IN U.S. ARMED FORCES?		NFORMANT	Address	0126
	(Yes, na, or unknown) (If yes give war ar dates of s	ervice)	rold Powel	11 Princess	Anne md
-	18. CAUSE OF DEATH (Enter only one cause		1/ I I I	n) 1 t-tuccas	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	( nonhallad	Hemorr	rage.	GONSET AND DEATH
1	443× DUE TO		-17	22 2020	1/11
	Conditions, if ony, which gave (b)	Hyperlansive	CV- 2	z siese.	1851 John
1	stating the underlying couse DUE TO				TEN DEVISION
	last. ) (c)				1.0
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CON	ITRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COND	ITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
CENTIFICATION		205. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Po	rt I or Port II of item 18.)	
2010	20c. TIME OF INJURY Month, Day, Year Haur a.m.		CE OF INJURY (Hame, form, ary, street, affice bldg., efc.)	20f. (City ar town)	(County) (Stote)
1	p.m. 17	at work L	dry, sheet, drike blags, etc.,	Va alas	1/1-
		tol) attended the deceased from_	1/2/, 19		19 b, that (I) (we) I
	saw the deceased alive on 22a, SIGNATURE	196 , and tha	t death occurred at	M, from couses de	d on the date stated abo
	20. SIGNATURE	M.I		NED. STAFF PHYS.	ELU. DATE STORED
	22c. PHYSICIANS		22d. ADDRESS	71113.	
ı	NAME (Type)				
7	23a. BURIAL, CREMATION, 23b., DATE THERE	EOF 23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Town)	) (County) (State)
1	Burid 7/30/6	7 Monokin Pr	esbyterian	Princess An	ine Som, Mo
	24 FUNERAL DIRECTOR	ADDRESS	2So REC'D	BY REGISTRAR 256 REGIS	TRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

Minutes have been broken at Mary September 2006 and 8 of 2007 in 2007 in 1997 and being the best and a finish

CERTIFICATE OF DEATH

1. PLACE OF DEATH	] 2. US	UAL RESIDENCE (V	Vhere deceosed	lived, if institution	n: Residence	before odmiss	sion)
o. county.	MARYLAND 0.	STATE Mary	land	b. COUN	Wice Wice	omico	
b. CITY OR TOWN (If outside corporate limits.   C. LENGTH OF		Y OR TOWN (If ou		limits, write RUR			
write, RURAL and give nearest town)		(Rural	) Sa	lisbury	7	22.1	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddre		REET ADDRESS				e. IS RES	FARM?
80 Peninsula General Hospit	al R	t. 4 J	ohnso	n Road			NO Z
3. NAME OF First Midd (Type or print) Sitha R.	100	lost	4. DATE OF DEATH	July		Doy Y	ear 6 7
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER M FEMALE WIDOWED DIN	ARRIED B. DATE	OF BIRTH	882 9.	AGE (In yeors / lest birthdoy) / yrs.	Months C	EAR IF UNDI	Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  at home		IRTHPLACE (County Kentuck		ign country)		EN OF WHAT	
13. FATHER'S NAME		NOTHER'S MAIDEN N	4				
John L. Ratilff		Eliza	beth	Mudder			
IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY	NO. 17. INFORM	ANT	100	Addres	S		
(Yes, no, or unknown) (If yes give wor or dotes of service) 721-14-6	727 Mrs	. Dorthy	Mill	er Pi	Lttsv	ille,	Md.
1B. CAUSE OF DEATH (Enter only one couse per line for (p), (b), ond (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) DUE TO	clarates	Herr	De	un		ONSET AND	DEATH
rise to immediate couse (a), stating the underlying couse DUE TO							
lost. (c)	ne This						
PARTY. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N		WINAL DISEASE CON	DITION GIVEN	IN PART 1(0)	n	19. WAS AU PERFORI YES	TOPSY MED? NO
200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF LITHER NOTIFY MEDICAL EXAMINES)	OCCURRED. (Enter n	oture of injury in I	Port I or Part	II of item 1B.)			
20c. TIME OF INJURY Month, Day, Year Hour o.m. p.m. 19 While Not While of work		JURY (Home, form et, office bldg., etc.)		(City or 169/n)	(Count	y) -	(Stote)
21. I certify that (I) (this haspital) attended the dece saw the deceased alive an 19	ased fram	hyoccurred at	355M,		Z, 19 <u>6</u> ind an the	that (I) date state	(we) la ed abav
220 SIGNATURE Land	M.D. PH	TENDING YS.	MED. DIRECTOR	STAFF PHYS.	22b. DATI	ESIGNED	
22c. PHYSICIAN'S NAME (Type)	2	2d. ADDRESS					
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME O	F CEMETERY OR CREMAT	ORY	23d. LOC/	ATION (City or Tow			(Stote)
	olley's M	eth. Ch	Cem			n, De	1.
24. FUNERA DIRECTOR Jenallae ADDRE			BY REGISTRA	1967 2Sb. REG	SISTRAR'S SIG	1. 4	-
Thomas F. Wallace Salisbu	ary, Md.	DATEJU	F 7 0			0 0	,

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital or attending physician. Page 4 may be retained by the nashinal of attending purposes.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fug director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages shauld be filed with the State Dept. af Health priar to burial, cremation, ar remayal, and in any event, within 72 hours after should be filed with the State Dept.

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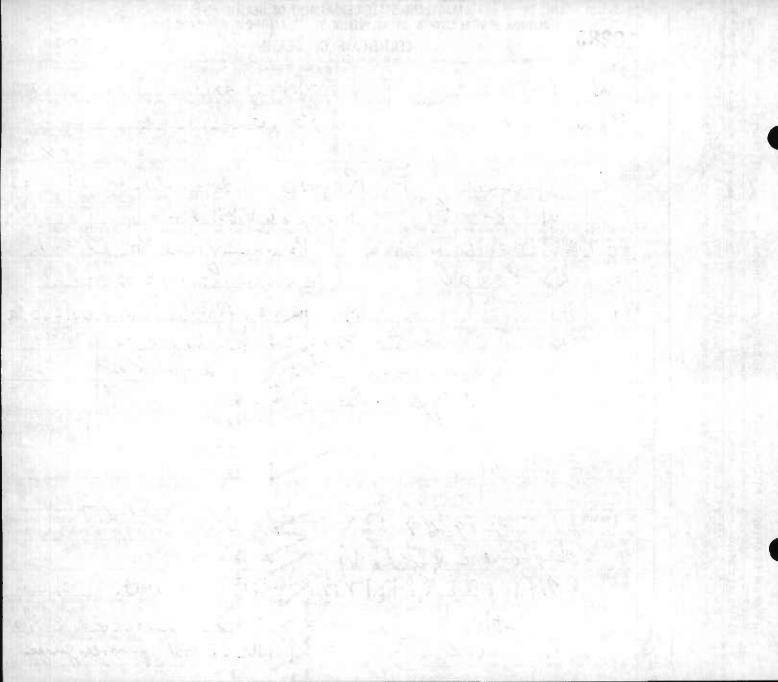
## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	10283		CERTIFICATE	OF DEATH	1	0282		
	PLACE OF DEATH o. COUNTY	4 40 1 Q A	MADVIAND	2. USUAL RESIDENCE (Where dece	b. COUNTY			
	b. CITY OR TOWN (If aut write RURAL and give		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (It putside corpo		ve nearest town)		
-		INSTITUTION (If not in he	aspital, give street address)	d. STREET ADDRESS	111115	e. IS RESIDENCE		
	NAME OF			RD.		ON A FARM? YES X NO		
	NAME OF DECEASED (Type or print)	First	E F. RA	Lost 4. DATE OF DEAT	3	2 1 19 67		
S.	SEX 6. (	. /	ARRIED NEVER MARRIED B. DOWED DIVORCED .	JUL V 6. 1883	9. AGE (In years last birthdoy) Months	1 YEAR   IF UNDER 24 HRS. Days Hours Min.		
	i. USUAL OCCUPATION (Give ing most of working life, e	ven if retired)	10b. KIND OF BUSINESS OR INDUSTRY HONE	11. BIRTHPLACE (County & State, or		ITIZEN OF WHAT		
13.	FATHER'S NAME	0	DUE	14. MOTHER'S MAIDEN NAME	)			
1S. (Ye	. WAS DECEASED EVER IN U es, no arunknawn) ((If ya		16. SOCIAL SECURITY NO. 17. IN	FORMANT HENRY RA	Address VNIE OWE	LL VILLE ME		
	1B. CAUSE OF DEATH PART I. DEATH W	(Enter only one cause per AS CAUSED BY: IMMEDIATE CAUSE (a)	line for (a), (b), and (c).)	your	diles	INTERVAL BETWEEN ONSET AND DEATH		
	Conditions, if any, which		Ohrowie	Anyon	sedile.			
	rise to immediate cou stating the underlying last.		Hyperle	Lon				
ATION	PART II. OTHER SIGNIFIC	ANT CONDITIONS CONTRIB	BUTING TO MATH BUT NOT RELATED TO TH	HE TERMINAL DISEASE CONDITION GIV	/EN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO		
L CERTIFICATION	20a. ACCIDENT WAS UNDO OR CONTRIBUTING □ CA (IF EITHER, NOTIFY MEDIC	USE OF DEATH	20b. DESCRIBE HOW INJURY OCCURRED. (E	inter nature of injury in Part I ar Pa	art II of item 1B.)			
MEDICAL	20c. TIME OF INJURY A Haur a.m. p.m.	Manth, Day, Year		OF INJURY (Hame, farm, ry, street, office bldg., etc.)	(City ar tawn) (Co	unty) (State)		
	21. I certify that (I) (this haspital) attended the deceased from							
	220. SIGNATURE CLASSIC EXCEPTION ATTENDING MED. STAFF DIRECTOR PHYS. 22b. DATE SIGNED							
	22c. PHYSICIAN'S NAME (Type)	Actor	OF Schotti	D BER	117, md.			
230	BURIAL, CREMATION,	23b. DATE THEREOF	23c. NAME OF CEMETERY OR C	REMATORY 23d L	OCATION (City or Town)	(County) (State)		
24	FUNERAL DIRECTOR	1 Buil	ADDRESS A	2So. REC'D BY REGIST	TRAR 2Sb. REGISTRAR'S	SIGNATURE		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and (orchately filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, ar removal, and in any event, within 72 hours after death. VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH

10283

PRESTON STREET, BALTIMORE, MARYLAND 21201

Item #0 Film #G 10284 MEDICAL EXAMINER'S CERTIFICATE OF

F	OR	51	AT	F
HE				
v	0	0	A.	W.

necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Exominer's Office olong with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2 with the State Department. any delay the State Departm This certificate should be executed within 24 hours ofter death. TO DEPUTY MEDICAL EXAMINER:

Health prior to burial, cremation, or removol, and in ony event within 72 hours ofter death. 1

1. PLACE OF DEATH O. COUNTY				2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. STATE  Mary Land c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Hagerstown								
W1COM1CO MARYLAND												
b. CITY OR TOWN (If outside corporate limits, write RURAL and give peacest town)  ALLSOURY												
		TAL OR INSTITUTION (If no		d. STREET ADDRESS Te. IS RESIDENCE								
13		Peninsula G		243 West Side Ave.					ON A FARM?			
3.	NAME OF		rst	Middle		Lost	4. DATE	Mon		Doy		
	DECEASED (Type or print)	JOSE	PH	EDGAR		RHODES	OF DEATH		-19-6	7	19	
S.	Male	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	<b>X</b>	DATE OF BIRTH 12-20-189 1	9. AC	SE (In years st birthdoy) 19 yrs.	Months Months	Doys Doys	Hours	Min.
duri	ng most of working	N (Give kind of work done glife, even if retired) udent		ND OF BUSINESS OR DUSTRY None		11. BIRTHPLACE (Stote  Hagerstow  14. MOTHER'S MAIDEN I	44.0		12. (1)	TIZEN OF JUNITRY?	WHAT	
		Joseph Ed	aar Rho	des				ttersoi	n			
15.	WAS DECEASED EV	ED IN IL S ADMED FORCES	16	SOCIAL SECURITY NO.	17. H	VEORMANT		Addr	ess Hage	erst	own,	1d.
(78	No. or unknown)	(If yes give war or dotes	267	-84-6241	Mrs	Iulia B.Ro	ia B.Pa des 24	3 West	Side	Ave		
		DEATH (Enter only one country was caused by:  IMMEDIATE CAUSE	(9) Hen	(o), (b), ond (c).) nathorax, 1	eft					INT	ERVAL BET SET AND D	WEEN
	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse DUE TO    DUE TO   DUE TO											
	last.	)	(c) Sta	ab wounds c	of th	horax and abdomen					25 days	
ATION	PART II. OTHER S	IGNIFICANT CONDITIONS (	HE TERMINAL DISEASE COM	NDITION GIVEN IN	PART 1(o)			WAS AUTO PERFORM: ES 🔯				
CERTIFICATION	200. EXTERNAL C PRIMARY LEGOT CO CAUSE OF DEATH.			Enter noture of injury in ailant.	Part I ar Port II (	of item 18.)						
MEDICAL										(Stote) Md.		
	21. I certif	fy that I took harg	e of the ren	nains described abo	ove, hel	d an Autopsy 🔏,	Inspection	X, Inq	uiry A,	ond	in my	opinio
	deoth resul	Ited fram: Natur	al causes 12	, Accident ,	Solci	de 🔲 , Hamicide	X, Unde	termined m	nanner [			
	ACTUAL SIGNATURE	/low	L K	2		M.D.	ICAL EXAMINER				22. DATE	
		Earl L. Roy 409 Camden	er, M.l Ave.,	Sausbury,	Md.		AL EXAMINER 2		July	20,	, 196	7
230	BURIAL, CREMATI RENOVAL (Specif			Rest Have		emeteru	Hagers	ON (City or To		(County		itote)
	. FUNERAL DIRECTO	n Funeral H	omo, Ha	ADDRESS		2So. REC	BY REGISTRAR		GISTRAR'S S			د

VR A15ME (5)

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10285

### CERTIFICATE OF DEATH

10284

		1. PLACE OF DEATH O. COUNTY Wicomico MARYLAND					2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. STATE b. COUNTY Maryland				
	(										
			f outside corporate limit	ς.	c. LENGTH OF STAY IN 1		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
		SUTRIFE	give neorest town)				Baltimore	3014			
		d. NAME OF HOSPITA	AL OR INSTITUTION (If n	ot in hospitol,	give street oddress)		d. STREET ADDRESS	e. IS RESIDENCE			
5.		Penins	ula Gener	al Ho	spital		419 S.Augusta Ave	ON A FARM? YES NO			
		NAME OF DECEASED	F	irst	Middle		Lost 4. DATE Month	Doy Year			
		(Type or print)		ogeph	J.		K1230 DEATH LULL	30 1967			
	S. :		6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		The brain of the second	DER 1 YEAR   IF UNDER 24 HRS. hs Doys Hours Min.			
		Male	White	WIDOWED	DIVORCED		Oct. 31 1912   Gu yrs.   Mont	ns boys nous min.			
			(Give kind of work done		IND OF BUSINESS OR		11. BIRTHPLACE (County & Stote, or foreign country)	2. CITIZEN OF WHAT			
	duri	ing most of working Barte			NDUSTRY Dasis		Baltimore Md.	COUNTRY?			
	13.	FATHER'S NAME			74.94.0		14. MOTHER'S MAIDEN NAME				
		Genna	aro Rizzo				Maria Landolfi				
	15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16.	SOCIAL SECURITY NO.	17. I	NFORMANT Address				
	(Ye	es, no, or unknown)	(If yes give wor or dotes	of service)	16-07-2851	Mo	rs. Joseph J. Rizzo (419 S	- Anonieto An			
		1216-07-2851 Mrs. Joseph J. Rizzo (419 S. Augusta A. III. CAUSE OF DEATH (Enter only one couse per line for 16), (b), gnd (c).)									
		PART I. DEATH WAS CAUSED BY:									
		IMMEDIATE CAUSE (o)  DUE TO  10  11  11  11  11  11  11  11  11  1									
	Conditions if any which cause it may which cause it may be the condition of the										
		rise to immediat		(b)	18: 1	- 11 01/2	1				
		stoting the under	rlying couse	(1) Cir	li wo eler	34	ie Coronary linkey ).	- Nor Kleven			
	z	PART II. OTHER/SI	GNIFICANT CONDITIONS	ONTRIBUTING	TO DEATH BUT NOT RELATE	D TO 1	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?			
2	ATIO	Ky	m Whos	anur	ma-	2.0	belis Mellitus.	YES NO IF			
	CERTIFICATION	200. ACCIDENT WAS		205. DI	ESCRIBE HOW INJURY OCCU	RRED.	(Enter noture of injury in Port I or Port II of item 18.)				
	CER.	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	101							
	MEDICAL		JRY Month, Doy, Yeor	20d. I	NJURY OCCURRED 20	e. PLA	CE OF INJURY (Home, form, 20f. (City or town)	(County) (Stote)			
	WED	Hour o.n	n.	While of wor		foct	ory, street office bldg., etc.)				
		21 Leartin			ded the deceased from	om.	7/26/190/10 7/30/	19 6 7 that (1) (we) la			
			eceased alive on_	1 1			t death occurred at 22 M, from couses and a	" " " I I I I I I I I I I I I I I I I I			
		220. SIGNATURE	1,1	1 // 1			221	D. DATE SIGNED			
			7/4	10		M.I	D. ATTENDING MED. STAFF DIRECTOR DIRECTOR PHYS.	-30-67			
		22c. PHYSICIAN'S					22d. ADDRESS	-			
1		NAME (Type)									
^	230	. BURIAL, CREMATIC	ON, 23b. DATE TH	EREOF	23c. NAME OF CEMETER	RY OR	CREMATORY 23d. LOCATION (City or Town)	(County) (Stote)			
()		REMOVAL (Specify		2000	7 7 1	Pa	ark Mausoleum 560g Dogwo	od Bd Md			
N	24	MINERAL DIRECTO	MAUE S	narap	ADDRESSING		2So. REC'D BY REGISTRAR 2Sb. REGISTRA	R'S SIGNATURE			
M	6	f 10	Malla	1400	3225.H	iali	DATEAUG 1 1967 your	wee Judge			
- 1	1	I/IATAAAIAL	L TYXXXII	MT	- Carle - 1.	- W//	No.	// 4			

on papers. Pages I and within 72 haurs after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the haspital ar attending physician. Pages campletely filled in by the natherbrb TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campled director, page 3 shauld be detached for use as the burial-transit permit. Then please remained should be filed with the State Dept. of Health prior to burial, cremation, ar remaval, and in any event. VR A15 (4) 20 M 1/66

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adough property 195 T - 30	Autorities Hills			

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CERTIFICATE OF DEATH

10285

					TOBOU				
	PLACE OF DEATH  a. COUNTY  Wicomico	MARYLAND	o. STATE	b. COUN	an: Residence befare admission) TY Wicomico				
	b. CITY OR TOWN (If autside carparate limits, Set 1 RIPS 1 autside pearest town)	c. LENGTH OF STAY IN 15  5 days		e carporate limits, write RUR/					
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, Peninsula General Ho		d. STREET ADDRESS	hurch Street	e. IS RESIDENCE ON A FARM? YES NO				
	NAME OF DECEASED (Type or print) John Edward	Middle R	OBINSON	DATE Manth OF DEATH July	14 1967				
	SEX 6. COLOR OR RACE 7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 9/4/1879	9. AGE (In years lost birthday) 7 yrs.	Months Doys Hours Min.				
dui	ing most of working life, even if resired)  18  18	IND OF BUSINESS OR IDUSTRY		Maryland	12. CITIZEN OF WHAT				
13.	James Robinson		14. MOTHER'S MAIDEN NAMI Lizellen	Kinnikin					
IS (Y	. WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, ar unknawn) (If yes give war ar dates of service)		INFORMANT  18. Mary E. A	Massey Address	lisbury, Md.				
	18. CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)	(o), (b), and (c).)	miling		INTERVAL BETWEEN				
	Conditions, if any, which gave rise to immediate cause (a).  (b) Debagoliation and fever Weeks								
	stoting the underlying couse (c) Deneralized authorischers years								
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITI	ON GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO				
MEDICAL CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part	I ar Port II of item 18.)					
MEDICA	Haur o.m. While p.m. 19 at war	Nat While at work	ACE OF INJURY (Hame, farm, tary, street, office bldg., etc.)	20f. (City ar town)	(Caunty) (State)				
	21. I certify that (I) (this hospital) attended the deceased fram. June, 1967, ta (kele, 14, 1967, that (I) (we) last saw the deceased glive an 1967, and that death accurred at 1967. M, fram causes and an the date stated above.								
	22a. SIGNATURE M.D. ATTENDING MED. STAFF DIRECTOR PHYS. 14 1967								
22.	22c. PHYSICIAN'S NAME (Type)	1 22. NAME OF CONTERV OR	22d. ADDRESS	224 LOCATION (Ch. as Ta	0 0				
	BURIAL CREMATION, REPOWAL SPECIAL 23b. DATE THEREOF 7/18/1967	23c. NAME OF CEMETERY OR Firemen's CE	metery	Sharptoun,	Md.				
24	I. FUNERAL DIRECTOR  MALIPACE & NEUWAM & SC	W Shantown	2Sa. REC'D BY	1 8 1967	SISTRAR'S SIGNATURE				

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after death **TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physician and completely filled in by the forteral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Page 1 and should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in an evenit, within 72 hours after death Poge 4 moy be retoined by the hospital or ottending physicion.

VR A15 (4) 20 M 1/66

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10287 Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

	_				0 10 0
No.	Dec Dec	1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residen	ce before odmission)
			o. COUNTY	o. STATE Manual b. COUNTY	
27	9	_	Wicomico MARYLAND		omico
the	5		b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)  Adm. 1n d	c. CITY OR TOWN (If autside corparate limits, write RURAL and give	e neorest town)
PP	100		Salisbury 6/30/67	Salisbury	221
드	I a A		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)	d. STREET ADRESS. 619	e. IS RESIDENCE ON A FARM?
ape	= 80		Peninsula General Hospital	Wicomico Hotel	YES NO NO
三号		3	NAME OF First Middle	Lost 4. DATE Month	Dov Yeor
by the attending physician and campletely filled in by the fur ransit permit. Then please remave carban papers. Pages		J.	DECEASED (Type or print)  MARGUERITE  RO	BINSON DEATH QULY	4 1967
ave	a di	5.	The state of the s	8. DATE OF BIRTH  Sebruary 18, 1925  9. AGE (In yeors)  IF UNDER  Months  Months	Doys Hours Min.
em	an	1	EMATE	1.5.	TIZEN OF WHAT
an ar	buriai, cremarion, ar remavai, ana in any	dur	b. USUAL OCCUPATION (Give kind of work done incompstor work maline even the priced)  10b. KIND OF BUSINESS OR INDUSTRY Department Store		UNTRY?
Sici	,	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
phy	0 0		Everett W. Robinson	Allie Kate Sword	
ng-	E e	15.	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	
tend rmit.	, ar	(Ye	es, no, or unknown) ((If yes give wor or dotes of service) 414-34-8557	Mr. Clarence Stump (Brother-in- 1346 Dewey Ave., Kingsport, Te	-law)
pe	5		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)		INTERVAL BETWEEN
signed by the burial-transit	D E		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (0)  Proncho one	imania	ONSET AND DEATH
by a	9		49/X DUE TO		
signed burial-t	ë V		Conditions if any which now >		
ign			rise to immediate couse (o),		
Le l			storing the underlying couse		E THE STATE
bee th	prior to		lost. (c)		1
as b	ā.	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
e ho	E 1	CERTIFICATION	Kyphoscoliosis and cardine	typestrophy	YES NO
for far	He /	邑	200. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Part I or Port II of item 18.)	
I P	0	CER.	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
che	d.	3		CE OF INJURY (Home, form, 20f. (City or town) (Con	unty) (Stote)
this certi	Š	MEDICAL	Hour o.m. While Not While foot	ory, street, office bldg., etc.)	(
fter be d	ald	-	p.m. 19 of work U	70 10 12	73
d b	9		21. I certify that (I) (this hospital) attended the deceased from	June 30, 1961, to July 4, 196	A, that (I) (we) last
CTOR:	=			t death accurred at 5 45 M, fram causes and an t	
TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the	filed with the State Dept. at Health		220. SIGNATURE C I Sill In. M.	ATTENDING MED. STAFF	ATE SIGNED 41967
2 ge	ile ile		22c PHYSICIAN'S	22d. ADDRESS O 1 ON O 1	1009 111
O FUNERAL DIR director, page	o n		NAME (Type) Dr. Thomas C. Hill, Jr.	Pine Bluff Road, Salis	Dury, Md.
Sold S	50	230	o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	CREMATORY /23d. LOCATION (City or Town)	(County) (Stote)
0 in	S		REMOVAL (Specify)  Burial July 6,, 1967 Russell Memor	rial Cemetery Lebanon, Virgin	ia
		24	4. FUNERAL DIRECTOR ADDRESS	2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S S	IGNATURE
/R A15 ( 20 M 1/4			HOLLOWAY & COMPANY, SALISBURY, MARYL	AND DATUL 6 1967 Clearly	yurge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after, death. Page 4 may be retained by the haspital ar attending physician.

	51.5.
THE RESIDENCE OF THE PROPERTY	

10288

### CERTIFICATE OF DEATH

10288

			JL (	01400				
1. PLACE OF DEATH			Where deceosed lived, if institution: Resi	dence before admission)				
a. COUNTY Wicomico	MARYLAND	o. STATE Mar	yland b. COUNTY Wi	.comico				
b. CITY OR TOWN (If autside carparate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	utside carparate limits, write RURAL and					
write RURAL and give nearest town) Salisbury	56 days	Fru	itland	22/				
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital,	give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?				
Deer's Head State H	ospital	Box	163	YES NO				
3. NAME OF First	Middle	Lost	4. DATE Month	Doy Year				
(Type or print) WILLA		COTT	DEATH	25 1967				
S. SEX 6. COLOR OR RACE 7. MARRIED		8. DATE OF BIRTH	9. AGE (In years IF UND	S Days Hours Min.				
F W WIDOWED	743	Jul 18	81 86 Yrs.	STATE OF BUILDY				
	AND OF BUSINESS OR NDUSTRY	Maryle Maryle	& Stategor fareign country) 12.	COUNTRY? US				
13. FATHER'S NAME Allow	#	14. MOTHERS MAIDEN	NAME What	<del>م</del>				
	SOCIAL SECURITY NO. 17.	INFORMANT	Address	1 1				
(Yes, no, or unknown) (If yes give wor or dotes of service)	(	ooper af	lot South	end mel				
18. CAUSE OF DEATH (Enter only one couse per line fo	r (o), (b), and (c).)	1		INTERVAL BETWEEN				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ce	rebral vascular	accident		ONSE AND DEATH				
Conditions, if ony, which gove ) Chronic urinary tract infection Years								
rise to immediate cause (a)	tonic urinary	ract Intect	.1011	Teals				
stating the underlying couse bost.  DUE TO  (c) Ri	ght renal stag	horn calcul	us	Years				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO				
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Part I ar Part II of item 18.)					
20c. TIME OF INJURY Month, Day, Year Haur a.m. p.m. 19 at wa	Not While fac	CE OF INJURY (Home, farr tory, street, office bldg., etc.		(County) (State)				
21. I certify that (1) (this haspital) atten	21. I certify that (1) (this haspital) attended the deceased fram May 30 , 19 67, ta July 25, 1967, that (1) (we) last saw the deceased alive an July 25 19 67, and that death accurred at 3:000 M, fram causes and an the date stated above.							
22a. SIGNATURE AnitA	22a. SIGNATOR DIRECTOR DIRECTOR DIRECTOR 7/25/67							
NAME (Type) A. C. Mitchell	, M. D.	Deer's He	ad State Hospital,	Md. Salisbury,				
230. BURIAL, CREMATION, 23b. DATE THEREOF PREMOVAL (Specify) 7/28/7	23c. NAME OF CEMETERY OR	CREMATORY	23d, LOCATION (City or Town) Deal dalen	Separat Mel				
24. FUNERAL DIRECTOR	1 I mer	_ /\ /\ /	D BY REGISTRAR 2Sb. REGISTRAR	S SIGNATURE				

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician ond completely filled in by the Tuneral director, page 3 should be detached for use os the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in only event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours Page 4 moy be retained by the hospitol or attending physicion.

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			Division of STATISTICAL RESEARCH AND	RECORDS, 301 W. PRESTON STREET, BALTIMOR	RE, MARYLAND 21201
	-		10289 a	ERTIFICATE OF DEATH	10289
	r deoth	1.	PLACE OF DEATH o. COUNTY Wicomico	2. USUAL RESIDENCE (Where deceased live a. STATE THE CONTROL CONTROL	b. COUNTY
by the	Pages urs offe				nits, write RURAL and give nearest town)
24 hoteled in b	within 72 hours ofter	70	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street odd Peninsula General Hospita	10.150.00.11.	e. IS RESIDENCE ON A FARM? YES NO
ecuted within 24 ho completely filled in	rbon p	3	NAME OF First 1	Iddle SENTER 4. DATE OF DEATH	Month Doy Year THY 11 1967
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e deoth certifi	permit. Then ion, or removo	1	S. WAS DECEASED EVER IN U.S. ARMED FORCES? (et no of you hown) (If yes give wor or dates of service)	TY NO. 17. INFORMANT 5368 Mis. O. W. Sente	Address Lee #2
- 40			18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o) Myocar		INTERVAL BETWEEN ONSET AND DEATH
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SICIAN spital c	-		206. ACCIDENT WAS UNDERLYING   205. DESCRIBE HOW I OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NJUS OCCURRED. (Enter noture of injury in Port I ar Port II al	f item 18.)
IG PHY the ho	be detoched Stote Dept. o	MEDICAL	20c. TIME OF INJURY Month, Day, Year Haur a.m. p.m. 19 20d. INJURY OCCURR While Nat Wh of work at wor	ile foctory, street, affice bldg., etc.)	y ar tawn) (Caunty) (Stote)
TENDIN ined by R: Afte	uld the		21. I certify that (1) (this begins) attended the desaw the deceased alive an July 11		am causes and an the date stated abov
OR ATTEN be retained DIRECTOR:	age 3 sho filed with		220. SIGNATURE LOWES C. Hill	ATTENDING MED. DIRECTOR D	STAFF PHYS. D 22b. DATE SIGNED 13, 1967
SPITAL 4 moy	or, p		22c. PHYSICIAN'S THOS. C. HILL, J.	Dm.D. Pine Bluff Rd.	Salisting, med
Page 70 FUN	should	2	30. BURIAL, CREMATION 23b. DATE THEREOF 23C NAME 7 13/1467 Law	OF CEMETERY OR CREMATORY  LANS CEMETERY SELECTIONS  23d. LOCATION  25d. SECTION  25d.	(City op Town) (Conty) (Stote)
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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.  Page 4 may be retained by the hazpital or attending physician	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye cachop papers. Pages 7 and 3 should be filed with the State Dept. at Health priar to burial, cremation, or remayal, and in any event, within 72 haurs after death.
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<b>0 FUNERAL DIRECTOR</b> : After this certificate has been signed by the attending physician and campleTely filled in by th	9	shauld be filed with the State Dept. af Health priar to burial, crematian, or remaval, and in any evenf, within 72 haurs	
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10290	CERTIFICATE	OF DEATH		10290				
1. PLACE OF DEATH  o. COUNTY Wicomico	MARYLAND	n STATE	Vhere deceosed lived, if institut b. COUI	ion: Residence before admission) NTY Accomack				
b. CITY OR TOWN (If outside carporate limits, Switz RARAL and give pearest town)	LENGTH OF STAY IN 16		tside carparate limits, write RUI Loxom Rural	RAL and give nearest town)  L Mears				
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, Peninsula General Ho		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO X				
3. NAME OF First DECEASED (Type or print) VIRGINIA	Middle SCOTT	ShREVES	4. DATE Mont	18 1967				
S. SEX 6. COLOR, OR RACE 7. MARRIED FEMALE WIDOWED	DIVORCED	Oct. 17.	9. AGE (In years last birthdoy) 1911 52 yrs.	Manths Days Hours Min.				
during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY Domestic	Accomach	& Stote, or foreign country)  Co. Virgin	12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME Hurley Soott		14. MOTHER'S MAIDEN N	Monnie Cus					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknawn) (If yes give war ar dates of service) NO		NFORMANT F. Vincent	Addres Shreves E	Bloxom, Va.				
Conditions, if any, which gave ) (b)	or (a), (p), and (c)) NCCONDECTOR  OCCONDECTOR		out to	INTERVAL BETWEEN ONSET AND DEATH				
rise to immediate couse (a), stoting the underlying cause last.	vicinoura	) of cor	weel	Dyle				
OR CONTRIBUTING CAUSE OF DEATH	TO DEATH BUT NOT RELATED TO TO TO THE PROPERTY OF THE PROPERTY	luco; 9	Malnutre	19. WAS AUTOPSY PERFORMED? YES NO  NO				
20c. TIME OF INJURY Month, Day, Year Haur a.m. While p.m. 19 of we	le Nat While facto	CE OF INJURY (Home, farm ary, street affice bldg., etc.)	20f. (City or town)	(County) (Stote)				
21. I certify that (I) (this haspital) atte		death occurred at	9 Charta 7 Courses	and an the date stated above				
22a. SIGNATURE								
22c. PHYSICIAN'S NAME (Type) PLY-FUS SI	GARANERJO	22d. ADDRESS	dicALCE	NIER SALISBUR				
230. BURIAL, CREMATION, REMOVAL (Specify) 7/20/67				wn Accomack Va				
24. PON RAL DIRECTOR J. Willie	ADDRESS Onanco	ock, Vapare	EY 2 4 1967 25b.	DERAP LENAT BLUGE				

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### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

- 1	10291 CERTI	FICALE OF DEATH	10031
1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution	
		ARYLAND O. STATE B. COUNTY	MICOMICA
	b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)  c. LENGTH OF STAY	Y IN 1b c. CITY OR TOWN (If putside corporate limits, write RURA	L ond give neorest town)
	MILLARDS	MILLARDS	a 2 / l
10	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspitol, give street oddress)	d. STREET ADDRESS	ON A FARM?
3	NAME OF First Middle	Last 4. DATE Month	YES NO Day Year
1	DECEASED (Type or print) HARRY	SMITH DEATH JUL	14 19 67
S.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRI	IFD   8. DATE OF BIRTH   9. AGE (In years	IF UNDER 1 YEAR   IF UNDER 24 HR
	M WIDOWED DIVORC	Idst pirindgy)	Manths Days Haurs Min.
	a. USUAL OCCUPATION (Give kind af wark done ring most of working life, even if retired)  1Db. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, ar foreign cauntry)	12. CITIZEN OF WHAT COUNTRY?
	LARNIER FARM	WILLARDS MO	U.S.A.
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
1	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	TOSA MORRIS  17. INFORMANT Address	c
1	es, no, or unknown) (If yes give wor ar dotes af service)		LLARDS MD
-	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	45 SCAR SMITH WIT	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Circles	of Live with E. gapsy	ONSET AND DEATH
	5 8 1 . O DUE TO		3 200
	Conditions, if any, which gave rise to immediate cause (a),	Brighto	2006
130	stoting the underlying cause DUE 10		
	lost.   (c)   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R	VELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
3 10	TAK II. OTIEK SIGNI ICAN CONDITIONS CONTRIBUTION TO DEATH BUT NOT K	ELATED TO THE PERMITTED DISEASE CONDITION OF THE TAXABLE	PERFORMED?  YES NO
CERTIFICATION		OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.)	
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
MEDICAL	20c. TIME OF INJURY Manth, Day, Year 2Dd. INJURY OCCURRED While Nat While	20e. PLACE OF INJURY (Hame, form, factory, street, affice bldg., etc.)	(Caunty) (State)
×	p.m. 19 at work at wark		
-	21. I certify that (I) (this haspital) attended the deceased saw the deceased alive an	d from many, 1967, to July 13	19 <u>65</u> , that (I) (we) I
	22a. SIGNATURE		22b. DATE SIGNED
+	Chas R Law	M.D. ATTENDING MED. STAFF DIRECTOR PHYS.	7-15 1967
	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS	
/		Beslin mx	
	REMOVAL (Specify)	METERY OR CREMATORY 23d. LOCATION (City or Town	1.1 YA-
	BURIAL 7 10 67 NEV	2Sa. REC'D BY REGISTRAR 2Sb. REG	ISTRAR'S SIGNATURE TO S
	Anna D Bushave Bus	10- 0 1 mys. 1111 1 8 1967 10	Charles house

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	10292	CERTIFICATE	OF DEATH		10292	
1.	PLACE OF DEATH o. COUNTY Wicomico	MARYLAND	2. USUAL RESIDENCE (WI o. STATE Maryla	nere deceosed lived, if institut and b. COU	non: Residence before odmiss  NTY Somerset	ion)
	b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outs	ide corporote limits, write RUI	RAL ond give neorest town)	
	Salls bully	3 weeks	Rhodes	Foint	19.2	
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospit		d. STREET ADDRESS		e. IS RESI	IDENCE FARM?
	Peninsula General H	ospital	Rural		YES 🗌	NO X
3.	NAME OF First DECEASED (Type or print) Elizabeth	Middle S. S	reade	4. DATE Mont		ear 67
E		VED 🗷 DIVORCED 🗌 S	ept 12, 190		Months Doys Hours	Min.
10c	ring most of working life, even if retired)	b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Rhodes Poin		12. CITIZEN OF WHAT COUNTRY?	
	. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME		
W	illiam Bradshaw		Angie Evans	3	of the late of	
(Y)	. WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give wor or dotes of service) None		NFORMANT . Jean Pear:	Addreson, Same as 2		
	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse (c)  (c)	Jol blodder	(Prim	er, derecenta	onset and	
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION			· ·	19. WAS AUT PERFORM YES	TOPSY MED? NO
MEDICAL CERTIFICATION	206. ACCIDENT WAS UNDERLYING CO OR CONTRIBUTING COLORS OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	o. DESCRIBE HOW INJURY OCCURRED. (	Enter noture of injury in Po	ort I or Port II of item 18.)		
MEDICA	Hour o.m. 19 of	/hile Not While foctor	E OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or town)		(Stote)
	21. I certify that (I) (this hospital) at saw the deceased alive on		death accurred at	M, from causes	17, 19 <i>62</i> , that (I) (and an the date state	
	22c. PHYSICIAN'S NAME (Type) Thomas C. Hil	. Hell		AED. STAFF DIRECTOR PHYS. C	22b. DATE SIGNED 17, Solis Ducy.	196°
	o. BURIAL, CREMATION, 23b. DATE THEREOF July 20, 19	23c. NAME OF CEMETERY OR C		23d. LOCATION (City or To Rhodes Point		(Stote)
	4. FUNERAL DIRECTOR	ADDRESS	2So. REC'D	2 1 967 25 2C	SISTRAP SIGNAURE	g-1
B	radshaw & Sons, Crisfiel	d, Md.	DATEUL	7 1 1901 F	0 0	

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The low requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or ottending physician.

VR A15 (4) 20 M 1/66

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10293

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is	duy,	nerd	oq ,	TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages land 2 with the State Departmen	Health prior ta burial, cremation, ar removal, and in any event within 72 hours after death
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PLACE OF DEATH				2. USUAL RESIDENCE (V	Where deceased lived, if institut b. COU		efare admission)
o. COUNTY	Wicomico		MARYLAND	Ma:	ryland	Wic	comico
	(If outside corporate limits, d give nearest town)	c. LENGTH OF	STAY IN 16	c. CITY OR TOWN (If ou	tside carparote limits, write RU	RAL ond give ne	arest town)
WITTE KOKAL UIT	Salisbury			Sa	lisbury	2	24
d. NAME OF HOSPIT	TAL OR INSTITUTION (If not in h	nospitol, give street addre	ess)	d. STREET ADDRESS			e. 15 RESIDENCE ON A FARM?
	Johnson's Lak	:e		10	18 Margaret S	t.	YES NO K
NAME OF DECEASED (Type or print)	FRANCIS	Midd HENF		SPARKS	4. DATE Mon OF DEATH	7-17-6	Doy Year 7 19
. SEX	6. COLOR OR RACE 7. N	MARRIED NEVER M	45	B. DATE OF BIRTH	9. AGE (In years last birthday)	Manths Da	
Male	White W	IDOWED DI	VORCED	May 31, 19	952   15 yrs.	mainis Da	ys Hours Min.
	N (Give kind of work done	10b. KIND OF BUSINESS	OR	11. BIRTHPLACE (Stote	or foreign country)		OF WHAT
uring most of warking School	Boy	INDUSTRY		Virg	inia	U. A	S. A.
3. FATHER'S NAME			7 1 7 9	14. MOTHER'S MAIDEN N	NAME		
Walter	charles Sp	parks		Mary	Ward		
S. WAS DECEASED EVI	ER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY	r NO. 17. r	NFORMANT	Addr	ess	
NO NO	(If yes give wor or dotes af servi	None	: Wa	lter C. S	parks, Salis	sbury,	Md.
	EATH (Enter only one couse per		(.)				INTERVAL BETWEEN
PART 1. DEA	TH WAS CAUSED BY:  IMMEDIATE CAUSE (a)	Drowning					onset and death minutes
727	DUE TO						
Canditians, if any						100	
rise to immediate							
last.	(c) _						
PART II. OTHER S	IGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT N	OT RELATED TO	THE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(a)		19. WAS AUTOPSY PERFORMED?
							YES NO
20a. EXTERNAL CA		20b. DESCRIBE HOW IN	JURY OCCURRED.	(Enter noture of injury in I	Part I ar Part 11 af item 18.)		
CAUSE OF DEATH.	NIKIBUTING LJ	Found	drowned	i.			
	URY Manth, Day, Yeor	20d. INJURY OCCURRED		CE OF INJURY (Hame, farm		(County)	) (State)
1 Hour X		While Not While at work	John	ory, street, affice bldg., etc.)	Salisbury	, Wicom	ico, Md.
21. I certif	y that   Bak charge af						and in my apinio
death resul	. /	• —	-		The state of the s		
	// 01	/	Andrew Co.	CHIEF MEDICAL	EXAMINER		
ACTUAL SIGNATURE	fort - 1	no		M.D. ASSISTANT MED	ICAL EXAMINER		22. DATE SIGNED
EXAMINERS	Earl L. Royer,			Annual Control of the	L EXAMINER	July 1	.8, 1967
NAME (Type)		s., Salisbu			, city, town, ar county)		
3a. BURIAL, CREMATI			F CEMETERY OR		23d. LOCATION (City or To		unty) (State)
BENOVA (STIFT)				backville			
24. FUNERAL DIRECTO	KOOKUP A VUU	Son ADDRE		2Sa. REC'D	2 4 1967 25b. RI	EGISTRAR'S SIGNA	ATURE
Watson	Funeral Home,	, Pocomoke,	Md.	DAR	N T WOI I	7	

190 July 2010

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10201

TE		10294	WFI	DICAL EXAMINER'S	CERTIFICATE (	OF DEATH	I. C	がなり強
EPT.		PLACE OF DEATH			2. USUAL RESIDENCE	Where deceosed lived,	if institution: Residen	ce before odmission)
5	,	Wicomico		MARYLAND	Mary!	land	Wic	omico
9	ŀ	CITY OR TOWN (If outside corporate lin write RURAL and give nearest tawn)	nits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If a		write RURAL ond give	neorest town)
Į.		Salisbury				sbury	2	21/
yrate Depart	(	I. NAME OF HOSPITAL OR INSTITUTION (IF	nat in haspital,	give street address)	d. STREET ADDRESS			e IS RESIDENCE ON A FARM?
80		Peninsula Ge	eneral	Hospital	71) I	East Road		YES NO Z
	3. 1	AME OF	First	Middle	Lost	4. DATE	Month	Dov Year
1.	1	PECEACED	DRED	STEPHANIE	STANLEY	OF DEATH	7-11-67	/
1	5. 5		7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In	yeors IF UNDER	
£		Female AA	WIDOWED	DIVORCED	11-2-27	lost bir	thdoy) Months yrs.	Doys Hours Min.
de		USUAL OCCUPATION (Give kind of work doring most of working life, even if retired)		(IND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE (Stote	or foreign country)		IZEN OF WHAT
fter	dun	ALINDEY		NDUSTK7	MAL	YLAND	(0)	U.SA
urs ofter death	13.	FATHER'S NAME	0 -		14. MOTHER'S MAIDEN	NAME	0	
2 hau		MARION	TR)	CE	L07	TIE	001	F
72	15.	WAS DECEASED EVER IN U.S. ARMED FORCES, no, or unknown) (If yes give wor or dote		SOCIAL SECURITY NO. 17.	INFORMANT	0	Address S	ALISBUT,
within 72 haurs	(10.	, no, or onknown, in yes give wor or dore	0	15-26-4872	40TT16	TRICE	210N	RD /
it permit.		1B. CAUSE OF DEATH (Enter only one of PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN
any event		IMMEDIATE CAUSE	SE (a) Ce	rebral hemorrh	age, spontar	neous, lef	t	And the same of th
6			UE TO					1 realis
any		Conditions, if any, which gove rise to immediate couse (o),	. ,	b-acute bacter	ial endocard	<u>ditis</u>		- W
and in		stoting the underlying couse	JE TO					
		last.	(c)					
remaval,	NOI	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PAR	T 1(o)	19. WAS AUTOPSY PERFORMED? YES DX NO
em	FIG	20g. EXTERNAL CAUSE WAS	201- 1	ESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in	Port I or Part II of its	m 10 \	YES X NO
5	CERTIFICATION	PRIMARY Or CONTRIBUTING	200. 0	ESCRIDE HOW INJURY OCCURRED	. (three notore of injury in	ron for ron if of he	11 10.)	
cremanan,		CAUSE OF DEATH.  20c. TIME OF INJURY Month, Day, Yeor	204	INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, for	m. 20f. (City or	town) (Co.	unty) (Stote)
	MEDICAL	Hour o.m.	Whil	e Not While for	ctory, street, office bldg., etc		iowii) (coc	(Siole)
		21. I certify that I taak char	. UI WU	mains described above b	old an Autaney D	Inspection X	Inquiry [X],	ond in my apinio
		•	4		cide , Hamicide	The second secon	nined manner	)
ra burial,		deall tesulted trace. Note	ioi conses [	, Attideni [], 30	CHIEF MEDICAL		mied manner [_	
		ACTUAL CHANTING	- 1	. /	ACCICTANT 14F	DICAL EXAMINER		22. DATE SIGNED
5		SIGNATURE Earl L. Re	oyer,	D.	M.D. ASSISTANT MEDIC	prince.	T., 7	17 1067
2				1.00		of, city, fown, or county		17, 1967
0	230	BURIAL CREMATION, 23b. DATE	Ave.,	Salisbury Md 23c, NAME OF CEMEJERY OF		2 23d LOCATION (		(County) (Stote)
	200	REMOVAL (Specify)	9-67	Hara 1/100	Man Mill	W S. D.	0 11 11	Genice mit
0	24	FUNERAL DIRECTOR	1-0/	ADDRESS	250. REC	D BY REGISTRAR	2Sb. REGISTRAR'S SI	IGNATURE 10
ON.		West Funeral Home	Salis			2 0 1967	ocherles	Judge
11.1		a autor cer monto	- CLA-LO	with y g salle	1 4/4/15	0 1001	//	// W

wall of the second NAME OF THE PARTY OF THE PARTY

# FOR STATE HEALTH DEP

O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18, Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land2 with the State Department of Health prior to burial, crematian, ar remaval, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE, MARYLAND 21201 **DIVISION OF VITAL RECORDS, 301** 

10295

### MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10295

Male White widowed Divorced 5-8-42 25 yrs.  10a. USUAL OCCUPATION (Give kind of work dane during mast of working life, even if retired) truck driver  13. FATHER'S NAME  Alphonso Stevens  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknawn) (Iff yes give war ar dates of service) No  18. CAUSE OF DEATH (Enter anly ane cause per line for (a), (b), ond (c).)  PART I. DEATH WAS CAUSED BY:  Canditians, if any, which gave rise to immediate cause (a), stoting the underlying cause lost.  ON  DIVORCED  DIVORCED  5-8-42  25 yrs.  11. BIRTHPLACE (State or fareign country)  12. CITIZEN OF WHAT COUNTRY?  De Laware  14. MOTHER'S MAIDEN NAME  Eleanor Wootten  Address  Address  Address  PARS . Eleanor Cline, Delmar, Md. (mother)  ONSEL,AND DEA  SUCICION  ONSEL  ONS	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  DOA Peninsula General Hospital  S. NAME OF DECEASED (I) FIRST  BILDON FRANKLIN  DECLASED (I) yee or print)  S. SEX  6. COLOR OR RACE  7. MARRIED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  STEVENS  DELAWARD  STEVENS  DELAWARD  STEVENS  OF DEATH  TO 19  A GGE (In years)  Honders VEAR IF UNDER 72  Both Months  Days Hours  Honders  Months  Doys Hours  House Very  Months  Doys Hours  DIVORCED  DELAWARD  DELAWARD  DIVORCED  DELAWARD  STEVENS  OF BIRTH  P. AGE (In years)  If UNDER 72  Months  Doys Hours  Honders  Months  Doys Hours  Delaware  U.S.A.  11. BIRTHPLACE (State or foreign country)  Landers  Delaware  U.S.A.  12. CITIZEN OF WHAT  COUNTRY?  U.S.A.  13. FATHER'S NAME  Alphonso Stevens  14. MOTHER'S MANDEN NAME  Eleanor Wootten  15. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no, or unknown)  If yes give war ar dates of service)  Delaware  16. SOCIAL SECURITY NO.  222-21-2795  Mrs. Eleanor Cline, Delmar, Md. (mother)  ONST. AND DEA  STEVENS  ON DEATH  TO HORDER'S MADEN NAME  Eleanor Cline, Delmar, Md. (mother)  ONST. AND DEA  SUCIONE  ONST. AN	_
DOA Peninsula General Hospital    102 Delaware Ave.   VES No.	
DOA Peninsula General Hospital  3. NAME OF DECEASED (Type or print)  5. SEX  6. COLOR OR RACE T. MARRIED NEVER MARRIED DIVORCED STEVENS  Male White WIDOWED DIVORCED 5-8-42  100. USUAN OCCUPATION (Give kind of work dane during mast of working flies, even if retired)  101. USUAN OCCUPATION (Give kind of work dane during mast of working flies, even if retired)  102. USUAN OCCUPATION (Give kind of work dane during mast of working flies, even if retired)  103. TATHER'S NAME  Alphonso Stevens  104. MOTHER'S MANDEN NAME  Alphonso Stevens  105. WAS DECEASED EVER IN U.S. ARMED FORCES?  106. SOCIAL SECURITY NO. 17. INFORMANT  Address  107. INFORMANT  Address  Albhonso Stevens  108. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).)  PARI I. DEATH WAS CAUSED BY:  Cerebral hemorrhage, traumatic  (c)  Cerebral hemorrhage, traumatic  (c)  Cerebral hemorrhage, traumatic  (c)  Cerebral hemorrhage, straumatic  (d)  DUE TO  STEVENS  4. DATE Month Month Day Year Month T. Day Year II FUNDER 19 FAR II. DEATH WAS CAUSED BY:  Cerebral hemorrhage, traumatic	CE M2
STEVENS   SEX	
(Type of print)  FRANKLIN  EDWARD  STEVENS  Death  7-19-67  19  SEX  6. COLOR OR RACE  Male  White  Whowed  Whowed  Widowed  Widowed  Divorced  Divorced  S-8-42  Solate of Birth  9. AGE (in years last birthday)  25 yrs.  If UNDER 1 YEAR IF UNDER 22  25 yrs.  Wonths  Days Haurs  100. USUAL OCCUPATION (Give kind of work dane during most of working life, eyen if reitred)  truck driver  100. USUAL OCCUPATION (Give kind of work dane during most of working life, eyen if reitred)  Truck driver  11. BIRTHPLACE (State or fareign country)  De Laware  12. CITIZEN OF WHAT COUNTRY?  U.S. A.  13. FATHER'S NAME  Alphonso Stevens  14. MOTHER'S MAIDEN NAME  Eleanor Wootten  15. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no, or unknown)  No  16. SOCIAL SECURITY NO.  222-24-2795  Mrs. Eleanor Cline, Delmar, Md. (mother)  PART I. DEATH WAS CAUSE BY:  Canditions, if any, which gave rise to immediate cause (a), stoting the underlying cause  (b)  DUE TO  Canditions, if any, which gave rise to immediate cause (a), stoting the underlying cause  (c)  DUE TO  Canditions, if any, which gave rise to immediate cause (a), stoting the underlying cause of the underlyin	
Male White WIDOWED DIVORCED 5-8-42 last birthdoy) 25 yrs. Months Days Haurs    10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) truck driver   10b. KIND OF BUSINESS OR INDUSTRY COUNTRY?   11. BIRTHPLACE (State or fareign country)   12. CITIZEN OF WHAT COUNTRY?   12. CITIZEN OF WHAT COUNTRY?   13. FATHER'S NAME   14. MOTHER'S MAIDEN NAME     Alphonso Stevens   16. SOCIAL SECURITY NO.   17. INFORMANT   Address     15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, ar unknown)   (If yes give war ar dates of service)   222-21-2795   Mrs. Eleanor Cline, Delmar, Md. (mother)     16. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).)     PART I. DEATH WAS CAUSED BY:   Cerebral hemorrhage, traumatic   Studden     Canditions, if any, which gave rise to immediate cause (a), stoting the underlying cause last.     10. WIDOWED   10.   DUE 10.     10. STATUM BETWEEN ONSELAND DEA STUDGEN	1100
10b. KIND OF BUSINESS OR INDUSTRY   11b. BIRTHPLACE (State or fareign country)   12c. CITIZEN OF WHAT COUNTRY?   13c. FATHER'S NAME   14c. MOTHER'S MAIDEN NAME   14c. MOTHER'S MAIDEN NAME   15c. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, ar unknawn)   (Iff yes give war ar dates of service)   16c. SOCIAL SECURITY NO. 222-24-2795   17c. INFORMANT   17c.	Min.
truck driver Glasgow & Davis Delaware U.S.A.    Interversion	
Alphonso Stevens  IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war ar dates of service) NO  IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) PART I. DEATH WAS CAUSED BY: PART I. DEATH WAS CAUSED BY: OBJUSTICAL SECURITY NO. 222-24-2795  Mrs. Eleanor Cline, Delmar, Md. (mother) ONSEL,AND DEA SUCION Canditians, if any, which gave rise to immediate cause (a). Stoting the underlying cause lost.    Continue of the county	
IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, ar unknown) (If yes give war ar dates of service)  NO  16. SOCIAL SECURITY NO. 222-24-2795  Mrs. Eleanor Cline, Delmar, Md. (mother)  No  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Canditians, if any, which gave rise to immediate cause (a), stoting the underlying cause last.  (b)  DUE TO  (c)	
(Yes, no, ar unknown) (If yes give war ar dates of service) 222-21-2795 Mrs. Eleanor Cline, Delmar, Md. (mother)  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) PART I. DEATH WAS CAUSED BY:  (MMEDIATE CAUSE (a) Cerebral hemorrhage, traumatic Sudden  Canditions, if any, which gave rise to immediate cause (a), stoting the underlying cause lost.  (c) DUE 10  (c)	
No   1222-24-2795   Mrs. Eleanor Cline, Delmar, Md. (mother)  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).)  PART I. DEATH WAS CAUSE BY:  IMMEDIATE CAUSE (a)  Cerebral hemorrhage, traumatic  Canditians, if any, which gave rise to immediate cause (a), stoting the underlying cause last.  (b)  DUE TO  (c)	126
PART I. DEATH WAS CAUSED BY:  (BMMEDIATE CAUSE (a)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPS PERFORMED YES  NO	?
PERFORMED  20a. EXTERNAL CAUSE WAS PRIMARY TO Or CONTRIBUTING   CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  Hit on back of head with pool cue stick by assailant.  20c. TIME OF INJURY Month, Day, Year  40c. TIME OF INJURY Month, Day, Year  While Not While Was defined bldg, etc.)  Salishumy This comic of the definition of the part II of item 18.)  PERFORMED  YES X NO  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  Hit on back of head with pool cue stick by assailant.  20c. TIME OF INJURY Month, Day, Year  While Not While Was defined bldg, etc.)  Salishumy This comic of the part II of item 18.)  PERFORMED  YES X NO  Salishumy This comic of the part II of item 18.)  PERFORMED  YES X NO  Salishumy This comic of the part II of item 18.)  Not While Was defined bldg, etc.)	nte)
6:30 Hourson 7-19-6719 While Not While Wagon Wheel Salisbury, Wicomico, Md.	
21. I certify that I took charge of the remains described obove, held an Autopsy X, Inspection X, Inquiry X, and in my ap	
death resulted from: Natural cause , Accident , Suicide , Homicide X, Undetermined manner	
ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 22. DATE SH	GNED
EXAMINER'S Earl L. Royer, M. J. DEPUTY MEDICAL EXAMINER R July 21, 1967	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State	e)
Burial (-22-0) Odd Fellows Cemetery   Laurel Del.	
24. FUNERAL DIRECTOR  Marvel Funeral Home, Delmar, Del.  ADDRESS  ZSG. REC'D BY REGISTRAR  ZSG. REC'D BY REC'D BY REGISTRAR  ZSG. REC'D BY REGISTRAR  ZSG. REC'D BY REGISTR	

TO DEPUTY MEDICAL EXAMINER:

		10296		CERTIFICA	ATE OF DEATH		10296					
	0	LACE OF DEATH COUNTY Wicomico		MARYLAND	· MARY	here deceased lived, if institution b. COUNT						
		CITY OR TOWN (If autside car write RURAL and give neares Salisbury	t tawn)	c. LENGTH OF STAY IN 16	15 WENO	side carparate limits, write RURA	19.2					
80	C	NAME OF HOSPITAL OR INSTITUTE  Peninsula			d. STREET ADDRESS	TOAD	e. IS RESIDENCE ON A FARM? YES NO					
	1	NAME OF DECEASED Type or print)	LIAM	Middle LRA	Thomas	4. DATE OF Month DEATH	Doy Year					
	S. S	Male Whi		NEVER MARRIED DIVORCED	8. DATE OF BIRTH NOV. 2-189	9 GE (In years last bythdoy) yrs.	IF UNDER 1/4 EAR IF UNDER 24 HRS. Months Doys Haurs Min.					
	durii	USUA OCCUPATION (Give kind or namest of working lite, even if re		b. KIND OF BUSINESS OR INDUSTRY VATERMAN	MARXLA		12. CITIZEN OF WHAT COUNTRY?					
		JOHN		Homas	14. MOTHER'S MAIDEN N	CURTIS						
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, ar unknown) (If yes give war ar dates of service) UNKNOWN JESSE Thomas Seaf Inc.											
		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMED	INTERVAL BETWEEN ONSET AND DEATH									
		Conditions, if ony, which gave rise to immediate couse (a),	15 MIN -									
		stating the underlying cause last.	(c)									
2	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED? PERFORMED? YES \( \sum_{\text{NO.}} \)  19. WAS AUTOPSY PERFORMED? YES \( \sum_{\text{NO.}} \) NO \( \sum_{\text{NO.}} \)										
	CERTIFICATION	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ☐ CAUSE OF (IF EITHER, NOTIFY MEDICAL EXA	DEATH	b. DESCRIBE HOW INJURY OCCUR	RED. (Enterinature of injury in F	Part I ar Part II af item 18.)						
	MEDICAL	20c. TIME OF INJURY Manth, Hour o.m.	V	Od. INJURY OCCURRED 20e While Not While ot work	PLACE OF INJURY (Hame, farm, foctary, street, office bldg., etc.)	20f. (City or tawn)	(Caunty) (State)					
		21. I certify that (I) saw the deceased a		ttended the deceased fram 2 - 3 196 7, and		9 <u>6</u> /, ta/- / 3 <del>3 6</del> M, fram causes a	, 19:, that (I) (we) last nd an the date stated abave					
		22a. SIGNATURE	n.a	Joel	M.D. PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED 7-3-67					
1		22c. PHYSICIAN'S NAME (Type)	N.u	1. 7001.	22d. ADDRESS	es Ctr. Lel	isting my					
		KEMOVAL (Specify)	b. DATE THEREOF	37. Paul	'S CEMETERY		Som Mu					
1	24.	Lerry We	bin 6	Princes Can	2/513 250. REC'D	BY REGISTRAR 19675b. REG	ISTRAR'S SIGNATURE					

the funerol ages Fond 2 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in director, page 3 should be detached for use as the buriol-transit permit. Then please remake carbon papers, should be the total the transit of the tild with the test has been defined by the tild with the test has been as the buriol from the tild with the test has been as the buriol from the tild with the test has been as the buriol from the tild with Poge 4 may be retained by the hospital ar ottending physician.

VR A15 (4) 20 M 1/66

## MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the fur director, page 3 should be detached for use as the buriol-transit permit. Then please remove capter, papers. Pages I should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

10297

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CERT	IFIL	Alt	UL	Ut.	AIH.

10297

	LUMU	A PROPERTY OF THE PARTY OF THE							2.	0 14 10 10	
	LACE OF DEATH					2. USUAL RESIDENCE (	Where deceosed liv			before odmissio	n)
0.	. COUNTY	comico		MARYLA	ND I	Maryland Wicomico					
b.	b. CITY OR TOWN (If outside corporate limits,			c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (If ou		nits, write RURAL			
	write RURAL an	d give neorest town)		4 yrs		Sali	sbury		22.	/	
d.	. NAME OF HOSPI	TAL OR INSTITUTION (If n	ot in hospit	rol, give street oddress)		d. STREET ADDRESS				e. IS RESID	ENCE
	326	N. Divisio	n St.			326 N.	Division	n St.		ON A FA	
	IAME OF DECEASED	F	irst	Middle		Lost	4. DATE	Month		Doy Yea	r
	Type or print)	GEORG	E	HANDY		WAILES	OF DEATH	July		19 6	57
S. S	EX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED		B. DATE OF BIRTH			F UNDER 1 Y		
N	fale	White	WIDOW	/ED X DIVORCED		ug, 22, 186	66 10	birthdoy) O yrs.	10	ογs Hours	Min.
10o.	USUAL OCCUPATION	N (Give kind of work done	101	b. KIND OF BUSINESS OR		11. BIRTHPLACE (County	& Stote, or foreign	country)	12. CITIZ	EN OF WHAT	
aurin	Ret Merking	life, even if retired)		Protestant		Wicomico	-Maryla	nd	1000	J.S.A.	
	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
		Ebenezer I	. Wai	lles		Anna	Todd				
15.	WAS DECEASED EV	ER IN U.S. ARMED FORCES?		16. SOCIAL SECURITY NO.	17. II	NFORMANT		Address		DODE	
(Yes	NO or unknown)	ER IN U.S. ARMED FORCES? (If yes give wor or dates	of service)		Mi	ss Laura Wa	iles	See	#2		
T		EATH (Enter only one co		for (a) (b) and (c))					- //	INTERVAL BETY	WEEN
		TH WAS CAUSED BY:		2	. /	1			77.23	ONSET AND D	EATH
	491	IMMEDIATE CAUSE		Monde	-/	neum	29				
	Conditions, if ony	DUE			//						
	rise to immedio	te couse (o)	(b)					1000			
	stoting the unde										
	lost.	,	(c)							T	
S	PART II. OTHER S	IGNIFICANT CONDITIONS	ONTRIBUTI	NG TO DEATH BUT NOT RELAT	ED TO T	HE TERMINAL DISEASE COI	NDITION GIVEN IN	PART I(o)		19. WAS AUTO PERFORME	D?
CERTIFICATION	(bZ	Dares	· 0 -	Bouges ker		shoply ?	wood.	6 -			NO D
Ě	200. ACCIDENT WA	SUNDERLYING	201	DESCRIBE HOW INJURY OF	RRED.	Enter peture of injury in	Port I or Port II o	f item 1B.)			
	(IF EITHER, NOTIF)	MEDICAL EXAMINER)				0					
MEDICAL	20c. TIME OF INJ	URY Month, Doy, Year				E OF INJURY (Home, form		ry or town)	(Count	ty) (5	Stote)
MEC	Hour o.	m. m. 19		Vhile Not While work of work	facto	ory, street, office bldg., etc.					
1		111.		tended the deceased fr	am		1960, to_	7-17	/ 196	Z, that (I) (v	we) I
		leceased alive an_	7-	1/ 1967, an	d that	death accurred at	M, fr	am causes ar			
1	220. SIGNATURE			20			75-		22b. DAT	E SIGNED	
		17.0	14	hull	M.I	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	7	217-	6
1	22c. PHYSICIAN':		-	7		22d. ADDRESS			1		
	NAME (Type	Philip	A. 1	Insley, Sr.		E. Main	n St. Sa	lisbury	Mar	yland	
230.	BURIAL, CREMATI	ON, 23b. DATE TH	IEREOF	23c. NAME OF CEMETE	RY OR (	CREMATORY	23d. LOCATIO	ON (City or Town	) (0	ounty) (SI	tote)
1	REMOVAL (Specify			Parsons		netery		isbury,		,,	
24	FUNERAL DIRECTO		-/	ADDRESS		2So. REC'I					
		Funera.l Ho	me s	Salisbury, Ma	פלזדיו		JUL I 8	1967	TRAR'S SIG	les Jud	A.C.
	. مادیک دادی د	T COTTON T 150	VALLE V	La 6 Representation	2 7 70	DATE				U	

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	10430		CERTIFICATE	OF DEATH		10298	
	PLACE OF DEATH d. COUNTY Wicomico		MARYLAND	2. USUAL RESIDENCE (W	here deceased lived, if institution b. COUNT		
8	b. CITY OR TOWN (If autside carparate limits, Salisbury		adm. 1n d	c. CITY OR TOWN (If out	side carparate limits, write RURA	AL and give nearest tawn)	
	d. NAME OF HOSPITAL OR INSTITUTION (If nat in ha	spital, giv	ve street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?	
	Peninsula General	Hos	pital _	Market	Street	YES NO	
	NAME OF First DECEASED (Type or print) MARY		Middle FRANCES	VEBB	4. DATE Month OF JULY	20 1967	
S.	- / /////	RRIED E		ctober 25,18		IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Hours Min.	
			D OF BUSINESS OR USTRY Newspaper	Nashville,		12. CITIZEN OF WHAT	
	FATHER'S NAME narles Fredrick Ratclif	fe		14. MOTHER'S MAIDEN N. Elizabeth			
15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? is, na, ar unknawn) (If yes give war ar dates af service O	16. SO 2 1 2	MI OFFI	nformant r. William V arket Street	Webb (Husbar , Laurel, Dela	nd)	
	1B. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.  (c)	line for (	a), (b), and (c).)  and y  and y  serve	asca	en Hee	INTERVAL BETWEEN ONSET AND DEATH	
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO	DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONI	DITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO	
MEDICAL CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESC N/A	CRIBE HOW INJURY OCCURRED. ( A	Enter nature of injury in P	art I or Port II of item 1B.)		
MEDICA	20c. TIME OF INJURY Manth, Day, Year Haur a.m.  p.m.  20d. INJURY OCCURRED While at wark at wa						
	21. I certify that (I) (this haspital) saw the deceased alive an	attende		death accurred at	1253 M, from causes a	nd an the date stated abav	
	22c. PHYSICIAN'S NAME (Type) Carrie	H	EARN	PHYS. 22d. ADDRESS	MED. STAFF DIRECTOR PHYS. D	22b. DATE SIGNED July 20, 1967	
230	BURIAL, CREMATION, 23b. DATE THEREOF July 24,19	967	23c. NAME OF CEMETERY OR C Parsons Cemet		Salisbury, M.		
24	. FUNERAL DIRECTOR		ADDRESS			SISTRAR'S SIGNATURE	
	HOLLOWAY & COMPANY, SA	LISE	BURY, MARYLAND	DATE	2 1 1967 VC	Maria Vierzie	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove careore pages 1 and 2 shauld be filed with the State Dept. of Health prior to burial, cremotion, ar remaval, and in any event, within 72 haurs after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 20 M 1/66 the first of the second state of the second sec A THE POST OF THE PARTY OF THE 5.公司的1000 · 日本公司 1000 · 1000

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10000

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FI	O F	TH	T	AT	1
after death. If any deloy is	8. Give Pages 1, 2, and 3 to	olong with form PM3. Page		O FUNERAL DIRECTOR: Page 3 should be used as o burial-transit permit. File pages I and 2 with the State Department of	within 72 hours after death
hours	Item 1	Office		ond 2	event
within 24	pencil in	saminer's		le pages 1	yno ni br
executed	anding" in	Medicol Ey		t permit. Fi	removol, a
should be	e word "pe	the Chief		urial-transi	nation, or 1
certificote	writing th	prwarded to		used as o b	burial, cren
This	licate,	be fo		d be	or to
NEDICAL EXAMINER:	sose execute the certif	irector. Poge 4 should	ained for your files.	IRECTOR: Page 3 should	designoted ogent, pric
O DEPUTY N	necessory, ple	the funeral d	5 moy be ret	O FUNERAL D	Heolth or its

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Ti	1293	WED	ICAL EXAMINER'S	CERTIFIC	ATE OF	DEATH	10	299		
1. PLACE (	DF DEATH			2. USUAL R	ESIDENCE (Wh	ere deceosed lived, if institution	nn Residence h	refore admission)		
0. 0001	Wicomico		MARYLAND	U. JIKIL	Mary1	and	TY Wicom	ico		
b. CITY	OR TOWN (If autside corporate limi	ts,	c. LENGTH OF STAY IN 1b	c. CITY OR T	OWN (If autsi	de carparate limits, write RUR	AL and give ne	orest tawn)		
Willie	write RURAL and give pegrest flown)					Sharptown 22./				
d. NAME	OF HOSPITAL OR INSTITUTION (If n	at in haspital,	give street address)	d. STREET A	DDRESS			e. IS RESIDENCE ON A FARM?		
	417 State Str	eet			417 S	tate Street		YES NO		
3. NAME ( DECEAS (Type or	ED	irst [NDA	Middle BETH	last WELLS		4. DATE Manth OF DEATH July	29	Day Year 19 6 7		
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BI		9. AGE (In years last birthday)	IF UNDER 1 YEA	AR IF UNDER 24 HRS.		
Fema	ale White	WIDOWED	Baby DIVORCED	April 2	8.1967	O yrs.	3 1	ys Hours Min.		
10a. USUAL	OCCUPATION (Give kind of work done t of working life, even if retired)		ND OF BUSINESS OR	11. BIRTHP	LACE (State or	fareign country)	12. CITIZEN COUNTI	N OF WHAT		
None	e working life, even it fellied)	li li	DOSTRI	Salis	bury,	Maryland	COUNT	ÜŚA		
13. FATHER			•		'S MAIDEN NA			181		
	1 Stanley Wells				ra Pea	r1 Shockley				
1S. WAS D (Yes. no. or	ECEASED EVER IN U.S. ARMED FORCES? unknown) ((If yes give war or dotes	of service)	SOCIAL SECURITY NO. 17	INFORMANT	1 5 1	ells (Father)	is ·			
No		1		417 Sta	to Str	eet, Sharptow	ın Mər	vland		
	AUSE OF DEATH (Enter only one co PART I. DEATH WAS CAUSED BY:			117 000	00 001	ccu, onar prov	119 1191	INTERVAL BETWEEN ONSET AND DEATH		
0	IMMEDIATE CAUSE	(o) As	phyxia					OHSET AND DEATH		
7		10								
rise to	ians, if any, which gave immediate couse (a),	. /	piration of v	romitus				sudden		
stoting	the underlying cause	E TO (c)								
	II. OTHER SIGNIFICANT CONDITIONS		TO DEATH BUT NOT PELATED TO	THE TERMINAL	DISEASE CONDI	TION GIVEN IN PART 1(a)		19. WAS AUTOPSY		
NO!	II. OTTER STORT CONDITIONS	CONTRIDUTINO	TO DEATH DOT NOT KEENIED IN	O THE TERMINAL	DISEASE CONDI	TION ONEN IN TAKE I(0)	ł	PERFORMED? YES NO		
WEDICAL CERTIFICATION  SOC. 1  SOC. 1  SOC. 1	EXTERNAL CAUSE WAS	20h Di	SCRIBE HOW INJURY OCCURRE	D (Enter nature o	of injury in Po	rt Lar Part II of item 1R)		ID LX NO L		
PRIMA	RY 🔀 or CONTRIBUTING 🗆 OF DEATH.	200. 00		TH IN I						
\$ 20¢ I	IME OF INJURY Manth, Day, Year	20d I		LACE OF INJURY (		20f. (City or town)	(County)	(State)		
A.N	Haur a.m. 7 20 67	While	Not While f	octory, street, affic	e bldg., etc.)	Sharptown,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , ,		
	p.iii.	at war								
	21. I certify that I took charge of the remains described above Held an Autapsy (X), Inspection (X), Inquiry (X), and in my apinion death resulted from (N) (Autural causes (I)). Accident (I) (X) (X) (X) (X) (X) (X) (X) (X) (X) (X									
u e	CHIEF MEDICAL EXAMINER									
	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER							22. DATE SIGNED		
	INERS	X	409 Camdei	1 Ave. DEF	UTY MEDICAL	EXAMINER X	11	y 31 /1967		
		ver, (M)	D. , Salisbury			ry, rown, or county)	Jul	y_31/1967		
230. BURIA	L, CREMATION, 23b. DATE TH		23c. NAME OF CEMETERY O	R CREMATORY		23d. LOCATION (City or Tow	n) (Cau	unty) (State)		
	Yal (Specify) August	1, 196	7 Parsons Cem	etery		Salisbury,	Maryla	nd		
24. FUNEF	LOWAY & COMPANY	, SALIS	BURY, MARYLAN	ND	2Sa. REC'D B		SISTRAR'S SIGNA	ATURE		

VR A15ME (5) 7-219100 राहरू का अस्ति कार्या कार्या का अस्ति । जन्म

- 12-12

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

01	PLACE OF DEATH				2.	USUAL RESIDEN	CE (Where			sidenc	e before a	dmission)
Wicomico				Maryland Wicomico								
	b. CITY OR TOWN (if	outside corporata limi	ts,	Adm. in Id		c. CITY OR TOWN (		rporete limits, write				/n)
		isbury		6/20/67		Pitt	svill	е		22	/	
			if not in hos	spitel, give street eddress)	-	d. STREET ADDRESS						ESIDENCE
0	Pon	insula Gen	oral	Hospital		R.D.	#1				YES T	A FARM?
3.	NAME OF	First	erar	Middle	-11	Lest C • D •	4. DATE	Month		Dey	Year	
	(Type or print)	RUSS	ELL	WILLIAM		WELLS	OF DEAT	H JUL	Y	11	19	67
5.	SEX			EDXX NEVER MARRIED	B. D	ATE OF BIRTH		9. AGE (In years	IF UNDER 1 Y	EAR	IF UNDER	24 HRS.
	Male	White	WIDOW		lav	24, 1917		50 yrs.	Months D	ays	Hours	Min.
10	. USUAL OCCUPATION	ON (Give kind of worl	10b. K	IND OF BUSINESS OR INDUST			ity & State, o	or foreign country)	12. CITIZ	EN O	F WHAT C	OUNTRY
00	Poultry In		a)			Pittsville	e. Mar	yland	U	SA		
13.	FATHER'S NAME	000001			14	MOTHER'S MAIDEN						11-1
	George Wil	liam Wells				Cora Eller	n McCa	be				
				SOCIAL SECURITY NO. 17.				Address		-		
(Y	ns, no, or unkown) (If	yes give war or dates of s	ervice) 21	5-07-3922	Irs	. Laura C.	Wells	(Wife)				
-	18. CAUSE OF DI	EATH (Enter only one	cause per	line for (a), (b), end (c).)	(. U	.#1, Pitts	ville,	marylan			ERVAL BET	
	PART I. DEATH WAS CAUSED BY Coremonator					in Pentined Cinto					onset and DEATH	
	151 x				~					-	,,,,,	
	6-1	DUE TO	1			57				130		
	Conditions, if any,	101	- Co	and the comme		, man				-		
	(a), stating the un	OT SILO								-		
	causa last.	) (c)									0 11/46 4	LITOREN
ON	PART II. OTHER	SIGNIFICANT CONDI	TIONS COI	NTRIBUTING TO DEATH BUT N	IOT R	ELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	ENINPARI	1(e) 1	PERFC	DRMED?
CAT										,	YES 🗌	но 🔀
CERTIFICATION	208. ACCIDENT WA OR CONTRIBUTING   (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY OCCURE	D. (E	nter nature of injury in	Pert I or Pert	II of item 18.)				
3	20c. TIME OF INJUR	Y Month, Dey, Ye	1.11	INJURY OCCURRED   200. PL				ity or town)	(Coun	ty)		(Stete)
MEDICAL	Hour a.m.	19	While et wo	0	ctory,	street, office bldg., etc	•)					
~	p.m.			ided the deceased from	N	Jarch 25	10 67	July 12	106	7.	hat (1) (	(wa) las
				വം 'me deceased from					,			
	228. SIGNATURE	1	1			ATTENDING	PM	STAFF _		73	22b	SIGNED
	Will	an /	1	n	M.D.		MED. DIRECTOR	PHYS.	.lu1	V	12/	
	22c, PHYSICIAN'S	-		. \		22d. ADDRESS				-		
	NAME (Type)	Dr. Will	iam B	. Lang		Medical	Cente	r, Salisl	oury, I	Mar	yland	1
23	BURIAL, CREMATIC	ON, 23b. DATE THE	REOF	23c. NAME OF CEMETERY	OR	CREMATORY	23d. LO	CATION (City, to	wn or county		(S	itate)
	Burial	July 14	, 1967	Pittsville Co	eme	etery	Pitt	tsvilde,	Maryla	nd		
24	FUNERAL DIRECTOR	S SIGNATURE		ADDRESS			C'D BY REGI	STRAR 256. RE	GISTRAR'S SI	IGNAT	TURE	
	HOLLOWAY 8	COMPANY,	SALIS	SBURY, MARYLAN	D	DATE J	UL 1	4 1967	illean	la.	· Que	-0

death. Page 4 m. De retained by the hospital or attending physician.

IO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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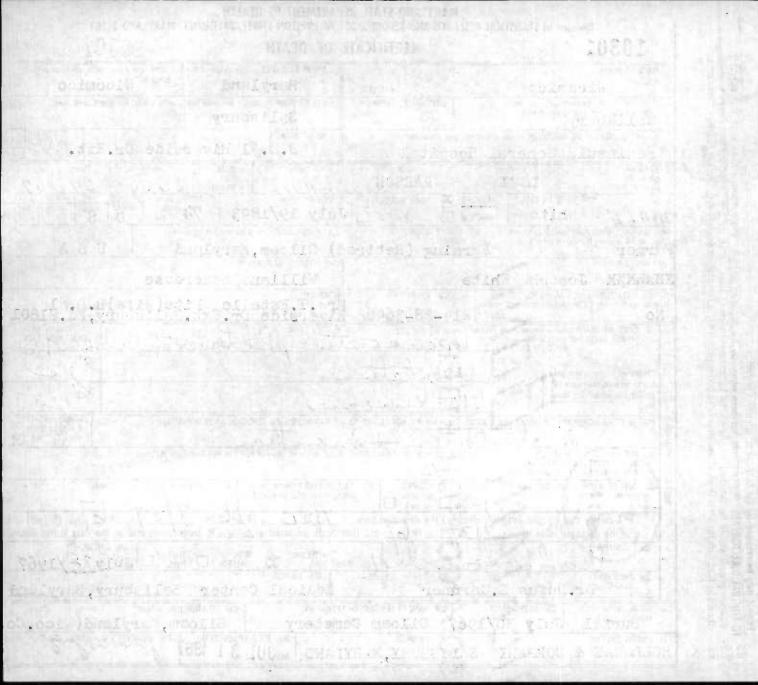
### CERTIFICATE OF DEATH

10301

10001		0. 0	100						
1. PLACE OF DEATH o. COUNTY			re deceosed lived, if institution: Resider b. COUNTYW1c	nce before odmission)					
Wicomico	MARYLAND	o. STATE Maryla	no. wie	OWITCO					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Salisbury	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outsid	le corporote limits, write RURAL ond giv	re neorest town)					
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital	, give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE					
Peninsula General Ho	ospital	R.D.#1	Riverside Dr.	EXC YES NO					
3. NAME OF First	Middle	Lost 4.	. DATE Month OF	Doy Year					
DECEASED (Type or print) LEVI	PARSON	WHITE	DEATH JULV	27 1967					
S. SEX 6. COLOR OR RACE 7. MARRIE	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years AF UNDER						
MALE White WIDOWE	D DIVORCED	July 19/189		Days Hours Min.					
10o. USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR	11. BIRTHPLACE (County & St		TIZEN OF WHAT					
during most of working life, even if retired) Farmer Far	ming (Retire	d) Siloam, M	laryland "	UNTRY?					
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM							
XXXXXXX Joseph White			Seabrease						
(Yes, no, or unknown) (If yes give wor or dates of service)	6. SOCIAL SECURITY NO. 17. 214-28-3646A	INFORMANI Mrs.I.Estel Riverside D	le White (Wife)	R.D.#1 v. Md. 21801					
18. CAUSE OF DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED BY:	or (a), (b), and (c).)	H- D-1	P. 1-P.D	INTERVAL BETWEEN ONSET AND DEATH					
IMMEDIATE CAUSE (a)	Meunon	les Ki	deman dolla	delles.					
DUE TO	7-1-1			9 )					
Conditions, if ony, which gove ) (b)	Prostalien			y can					
rise to immediate couse (o), stating the underlying couse		1		6.					
lost. (c)	rarrenson	esm		100,					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDIT	TION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED?					
200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL FYAMINER)	illan to	Comillon		YES NO X					
□ 20o. ACCIDENT WAS UNDERLYING □ 20b. □ OR CONTRIBUTING □ CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port	t I or Port II of item 18.)						
(IF EITHER, NOTIFY MEDICAL EXAMINER)	N/A								
The state of the s		CE OF INJURY (Home, form,	20f. (City or town) (Co	ounty) (Stote)					
Hour o.m. Wh	ile Not While ork of work	tory, street, office bldg., etc.)	11 21 -	17					
21. I certify that (I) (this haspital) after		1120,19	66 to 121,19	c, that (I) (we) last					
saw the deceosed alive an	2/ 19/c/, and the	ot deoth occurred at 10	105 A.M., from lauses and an t	the date stated above					
220. SIGNATURE									
22c. PHYSICIAN'S		22d. ADDRESS	1113 10 KI	304011701					
NAME (TypeDr. Bufus S. Gar	riner		enter Salisbur	y Maryland					
230. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR		23d. LOCATION (City or Town)	(County) (Stote)					
		- V	Siloam, Maryla	HILL WICO					
24. FUNERAL DIRECTOR HOT TOWAY & COMPANY C	ADDRESS	250. REC'D BY	Y REGISTRAR 25b. REGISTRAR'S	WHAT THE STATE OF					

vithin 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physicion and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove corbor papers. Pages should be filed with the State Dept. of Health prior to burial, cremation, or removol, and in any event, within 22 hours at

VR A15 (4) 7 20 M 1/66



1	-1/20	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
		10302 CERTIFICATE OF DEATH 10303	2
	be executed within 24 hours after death.  ond completely filled in by the funeral e remove carbop pages. Pages 1 and 2 lin ony event, within 72 hours after death.	I. PLACE OF DEATH o. COUNTY Wicomico Maryland  2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before o. STATE Maryland  Wicomico Wicomico	
	by the Pages	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)  Salisbury  c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)  Salisbury  C. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)  Salisbury  22	/
	tin 24 hours after filled in by the fr propers. Pages frin 72 hours after	Peninsula General Hospital  Rt. #5, Quantico Road  Ye	ON A
	ond completely fi remove corbon in ony event, wirt	3. NAME OF DECEASED (Type or print) VERNON LEROY White OF DEATH July 17  S. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years 2 IF UNDER 1 YEAR)	19 IF UND
	ond com remove n ony ev	Male White WIDOWED DIVORCED November 19,1902 By birthdoy) Months Days  November 19,1902 By birthdoy) Months Days  November 19,1902 By birthdoy) Wild of work danger 12, CITIZEN OF 11, DIDTURATION (Give bird of work danger 1	Hours
	icote be sician o please I, and ir	during most of working life, even if retired) Grocery Grocery Store  II. BikTir Dec (county 3 side, of loneight country)  COUNTRY?  Siloam, Maryland  USA	
	h certif ing phy Then emovo	Purnell D. White Sallie Bounds  Is. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
	offend offend permit. on, or r	(Yes, no, or unknown) (If yes give wor or dotes of service) 218-12-1076   Mrs. Lillian White (Wife) Rt.#5, Quantico Road, Salisbury, M	ary
	s that the death certificate Ecian. d by the ottending physician -transit permit. Then please , cremotion, or removal, and	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Arkrio scherosis politerars  ONSE	ET AND
	physici physici signed buriol- buriol,	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause DUE TO	
	The lo offend offend hos b sse as the prior	Column   Contributing   Contributi	WAS AUPERFOR
	tal or ficote for use f Healt	200. ACCIDENT WAS UNDERLYING  205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	

(IF EITHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Manth, Dov. Year Hour o.m.

REMOVAL (Specify)

N/A 20d. INJURY OCCURRED

While Not While at wark

20e. PLACE OF INJURY (Hame, farm, foctory, street, office bldg., etc.)

20f. (City or town) (County) (Stote)

19. WAS AUTOPSY PERFORMED?

NO

dence before admission) comico

e. IS RESIDENCE ON A FARM? YES NO Year 19

IF UNDER 24 HRS

Hours

Maryland INTERVAL BETWEEN ONSET AND DEATH

21. I certify that (1) (this haspital) attended the deceased from 19 (Ahot (1) (we) lost and that death occurred of 21300M, from couses and on the date stated above. saw the deceased dive on 22a. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR STAFF PHYS. ATTENDING M.D. PHYS.

22c. PHYSICIAN'S NAME (Type) E. Kent Carney 23o. BURIAL, CREMATION, 23b. DATE THEREOF

23c. NAME OF CEMETERY OR CREMATORY Wicomico Memorial Park

22d. ADDRESS

Medical Center, Salisbury, Maryland 23d. LOCATION (City or Town) Salisbury, Maryland

(County) (Stote)

July 20,1967 ADDRESS 24. FUNERAL DIRECTOR HOLLOWAY & COMPANY, SALISBURY, MARYLAND

2So. REC'D BY REGISTRAR 1967 Misseles

TO HOSPITAL OR ATTENDING PHYSIC Page 4 may be retoined by the hospi TO FUNERAL DIRECTOR: After this certidirector, page 3 should be detached should be filed with the Stote Dept. or VR A15 (4) 20 M 1/66

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executed within 24 hours ofter deoth

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certificote

ATTENDING PHYSICIAN: The low requires that the deoth

be retained by the hospital or ottending physicion.

Page 4 may

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 tem #9 Film #G3

CERTIFICATE OF DEATH by the funeral Poges Land 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY o. STATE b. COUNTY Wicomico MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Swrite RURAL and give peorest town) vithin 72 hours rion .⊆ d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS filled Peninsula General Hospital 80 YES NO and completely fi 3. NAME OF Middle 4. DATE Month Last Doy Year DECEASED (Type or print) ond in any event, DEATH S. SEX 6. COLOR OR RACE 7 MARRIED **NEVER MARRIED** 9. AGE (In years YEAR IF UNDER 24 HRS. lost birthdoy) Months Dovs Hours COLORE WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) physician of the place of the p during most of working life, even if retired) INDUSTRY COUNTRY? 13. FATHER'S NAME 14. MOTHER' cremation, or removal, ottending physoermit. Then p 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes, no, or unknown) (If yes give wor or dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). signed by the buriol-tronsit p burial, cremati the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detoched for use as the should be filed with the State Dept. of Health prior to lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 20o. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) While Not While ot work ot work 21. I certify that (1) (this haspital) ottended the deceased from 196 19.67, that (1) (we) last and that death occurred at 43 M, from couses and on the dote stated above. saw the deceased olive on. 1967 22o. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR STAFF PHYS PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23o. BURIAL, CREMATION 23b. DATE THEREO 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (County) (Stote) FUNERAL DIRECTOR REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66

About the Print About 18 April 2 April SABBE

1. 0	PLACE OF DEATH o. COUNTY	Wicomico		MARY	LAND	2. USUAL RESIDENCE	(Where deced rland	b. COUNTY	tion: Reside	NORCE	admission)
b	ond give negrest lower	f outside carporate limits, wri	e RURAL	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN	(If outside co	rporote limits, write	RURAL ond	give near	rest fown)
		Lisbury		2 hrs.		Po	comoke	RT.	3	1	2. 2
d	. NAME OF HOSPIT	AL OR INSTITUTION	(If not in ho	ospital, give street address	1)	d. STREET ADDRESS					. IS RESIDENCE
	Penins	ıla General	Hosp	ital		Beth Eden	Curch	Rd.		1	ES NO
3. 1	NAME OF DECEASED	Fi	rsl	Middle		Last	4. DATE	Month		Day	Year
_	(Type or print)	BLAN		RING		VIDDOWSON	DEATH	July	r	12,	1967
5. S	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	8.	DATE OF BIRTH	1902	9. AGE (In years lost birthdoy)	IF UNDER		UNDER 24 HI
	Temale	White	WIDOW			Sept. 19, 1	19033	64 yrs.	Months	Days H	ours Min.
10a.	. USUAL OCCUPATION	ON (Give kind of working life, even if retired)	done 10b.	KIND OF BUSINESS OR I	NDUST	RY 11. BIRTHPLACE (Slot	e or foreign	country)	12. CITI	ZEN OF V	VHAT COUNT
	House wife			own home		Virgi	nia		U	.S.A	
13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME			24.79	The same
		n M. Ring					lie Co	ooley			
15. {Yes,	WAS DECEASED EV	ER IN U. S. ARMED FO		SOCIAL SECURITY NO.	17. IN	IFORMANT		Address			
	NO				Mr	cs. E.R. gla	dding	Se	e 2		
	PART 1. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	~	o for (o), (b), ond (c).] erebral hem	orr	hage, trau	matic				ND DEATH
	PART 1. DEA 90 / . Conditions, if o gove rise to Imme- (o), stoling the couse lost.	TH WAS CAUSED BY: IMMEDIATE CAUSE (o  DUE TO  ny, which diote couse underlying DUE TO  (c)	C (	erebral hem						ONSET A	nd death lours
ICATION	Conditions, if o gove rise to Imme (o), stoling the couse lost.  PART II. OTHER	TH WAS CAUSED BY: IMMEDIATE CAUSE (o  DUE TO  ny, which diote couse underlying (c)  HER SIGNIFICANT CON	DITIONS C	erebral hem	BUT N	OT RELATED TO THE TERA	MINAL DISEAS		EN IN PART	ONSET A 2 1	WAS AUTOPS
_	PART I. DEA'  Conditions, if o gove rise to Imme (o), stoling the couse lost.  PART II. OTE  20a. EXTERNAL CAL PRIMARY Or COL CAUSE OF DEATH.	TH WAS CAUSED BY: IMMEDIATE CAUSE (o  DUE TO  ny, which diote couse underlying DUE TO  (c)  HER SIGNIFICANT CON  USE WAS NTRIBUTING   20	Db. DESCRIB	ONTRIBUTING TO DEATH BE HOW INJURY OCCURRI	BUT No	OT RELATED TO THE TERM nter noture of injury in Po	MINAL DISEAS		EN IN PART	ONSET A 2 1	WAS AUTOPS
MEDICAL CERTIFICATION	PART I. DEA Conditions, if o gove rise to Imme (o), sloling the couse lost. PART II. OTE	TH WAS CAUSED BY: IMMEDIATE CAUSE (o  DUE TO  ny, which diote couse underlying  LET SIGNIFICANT CON  USE WAS NTRIBUTING   RY Month, Day, Ye-	Db. DESCRIE $Fe$ : $Q$	ONTRIBUTING TO DEATH SE HOW INJURY OCCURR 11 from lad INJURY OCCURRED   20	BUT NO	OT RELATED TO THE TERA	winal diseas	t of item 18.) y or town)	(Cou	ONSET A 2 1	WAS AUTOPS PERFORMED?
3	PART 1. DEA'  Conditions, if o gove rise to Imme (o), stoling the couse lost.  PART II. OTE  20a. EXTERNAL CAL PRIMARY or COI CAUSE OF DEATH.  20c. TIME OF INJUI Hour o. m. AM p. m.  21. I certify the	TH WAS CAUSED BY: IMMEDIATE CAUSE (o  DUE TO  ny, which diote cause underlying (c) HER SIGNIFICANT CON  USE WAS NTRIBUTING []  RY Month, Day, Ye  7-12  19  nat I tool charge	Db. DESCRIB  Te or 20d. White of the	ONTRIBUTING TO DEATH  BE HOW INJURY OCCURRED  INJURY OCCURRED  No while	BUT No.	ot related to the term  nter nature of injury in Pa  E OF INJURY (Home, for iry, street, office bldg., el  Own home  ve, held an Autop	m, 20f. (Cil	f of item 18.) y or town)	(Cou orces Inquir	nty)	WAS AUTOPS PERFORMED? NO [
3	PART 1. DEA'  Conditions, if o gove rise to Imme (o), stoling the couse lost.  PART II. OTE  20a. EXTERNAL CAL PRIMARY or COI CAUSE OF DEATH.  20c. TIME OF INJUI Hour o. m. AM p. m.  21. I certify the	TH WAS CAUSED BY: IMMEDIATE CAUSE (o  DUE TO  ny, which diote cause underlying (c) HER SIGNIFICANT CON  USE WAS NTRIBUTING []  RY Month, Day, Ye  7-12  19  nat I tool charge	Db. DESCRIB  Te or 20d. White of the	ONTRIBUTING TO DEATH  SE HOW INJURY OCCURRED  INJURY OCCURRED  Not white of work of work of work of remains described	BUT No.	ot related to the term  ter noture of injury in Po  te OF INJURY (Home, for  ry, street, office bldg., el  Own home  re, held an Autop  tide , Homicid  M.D. CHIEF MEDICAL I	ort I or Port II  or, 20f. (Cil c.)  POCC  sy X, I  e, U	y or town)  money worke W  mspection X,  ndetermined co	(Cou orces Inquir	nity)	WAS AUTOPS PERFORMED?  (State
MEDICAL	PART 1. DEA  Conditions, if o gove rise to Imme (o), stoling the couse lost.  PART II. OTH  20a. EXTERNAL CAL PRIMARY or COI CAUSE OF DEATH.  20c. TIME OF INJUI Hour o. m. AM p. m.  21. I certify to death resulted  ACTUAL SIGNATURE  EXAMINER'S NAME (Type)	TH WAS CAUSED BY: IMMEDIATE CAUSE (o  DUE TO  ny, which diote cause underlying (c) HER SIGNIFICANT CON  USE WAS NTRIBUTING []  RY Month, Day, Ye  7-12  19  nat I tool charge	Db. DESCRIB  To 20d.  White of the causes [	ONTRIBUTING TO DEATH  SE HOW INJURY OCCURRED  INJURY OCCURRED  Not white of work of work of work of remains described	BUT No.	ot related to the term  ther noture of injury in Po  TE OF INJURY (Home, for  ry, street, office bldg., el  Own home  re, held an Autop  cide [], Homicid	m, 20f. (Cil C.) PO CO SY X, I le , U	y or town)  omoke W  nspection X,  ndetermined co	(Cou orces Inquir	onser A 2 h	WAS AUTOPS PERFORMED? NO [

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is even the certifical principle world "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director forwarded to the first Medical Examiner's Office along with farm PM3. Page 5 may be retained factory files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial.

or remavol.

VS. A15ME(5) 5M 9/55

A Fall Cale Date S		CERTIFICATE &	ORDER EXAMINER'S	MA LA SOFTAN
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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		19395	CERTIFICATE	OF DEATH		10305
		PLACE OF DEATH		2. USUAL RESIDENCE (V	Where deceosed lived, if institution: Resid	lence before odmission)
	(	Wicomico	MARYLAND	Mar		.comico
	t	o. CITY OR TOWN (If outside corparate limits,	c. LENGTH OF STAY IN 1b		tside corporate limits, write RURAL and g	give neorest town)
		Salisbury, Md.			isbury	J. M. DECIDENCE
1	(	A. NAME OF HOSPITAL OR INSTITUTION (If not in hospital,	•	d. STREET ADDRESS	Liberty Street	e. IS RESIDENCE ON A FARM?
		Peninsula General Ho				110 00
	(	NAME OF First DECEASED Lyne or print) WILLIAM CH	Middle IANDLER	Wils and	4. DATE Month	26 19 6 7
	S. S	Tipe of pinny	IV!	B. DATE OF BIRTH		ER 1 YEAR   IF UNDER 24 HPS.
	1	MALE WHITE WIDOWED	DIVORCED	Aug. 8/18	83 last birthdoy) Months	Doys Hours Min.
			IND OF BUSINESS OR	11. BIRTHPLACE (County		
	R		ye Breakman			CITIZEN OF WHAT COUNTRY? USA
		FATHER'S NAME		14. MOTHER'S MAIDEN N		
		rlando Wilkinson		Alice Tr		
	IS.	s, no, or unknown) (If yes give wor or dotes of service)	SOCIAL SECURITY NO. Mr.	rs. Inez L. Street-Sal	Wilkinson(Wife) isbury,Maryland	507 Liberty 21801
		1B. CAUSE OF DEATH (Enter only one couse per line to		1.1000	1,	INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	preasion	of Vorn	14180	ORSET AND DEATH
		Conditions, if ony, which gove )  DUE TO	me unulus	en on Lev	links 1, velve	7
		rise to immediate couse (o),	peringuice?	1-vace-10x	1000 1 - 7 W	/
		stoting the underlying couse (c)				
	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	NDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
1	CATIO					YES NO
	CERTIFICATION	206. ACCIDENT WAS UNDERLYING ☐ 20b. D OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Port I or Port II of item 1B.)	
	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 20d. While		CE OF INJURY (Home, form		County) (Stote)
	ME	p.m. 19 ot wo	rk U of work U	ory, sineer, orsice bidg., etc.)	12	/,
		21. I certify that (1) (this haspital) atter		11/1/	10/20 to 1020, 11	9 /, that (I) (we) last
		saw the deceased alive on	19 and tha	t death accurred at	1011	the date stated above.  DATE SIGNED
		220. SIGNATURE AMERICA	e M.	***************************************	MED. STAFF DIRECTOR PHYS. D	7.26.67
/		22c. PHYSICIAMS A. H. Br	iele	22d ADDRESS	Eal Center S	Eduly my
	230	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR		23d. LOCATION (City or Town)	(County) (Stote)
1	_	Durtal July 31, 196	Springhill N			, Maryland
1		FUNERAL DIRECTOR OLLOWAY & COMPANY SA	ALISBURY, MARY	AI AND	BY REGISTRAR 196 25b. REGISTRAR	S SIGNATURE MAGE
1	11	OTTOWN OF COUNTY DE	THE PARTY OF THE PARTY	DATE	U	

and completely filled in by the funerel compose action papers. Pages I and significant action within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician ar director, page 3 should be detached for use as the burial-transit permit. Then please is should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

4			10306	CERTIFICAT	E OF DEATH		10306
funerol 1 and er deoth	=		ACE OF DEATH COUNTY Wicomico	MARYLAND	2. USUAL RESIDENCE (V	Where deceased lived, if institution b. COUNT	
y the fu Pages I urs after	1	b	CITY OR TOWN (If outside corparate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If Ju	otside corparate limits, write RURAI	
hours n by the s. Pag hours			wite RURAL and give neorest town) Salisbury		Dalis	any	e. IS RESIDENCE
n 24 ho illed in papers. nin 72 h	90	d	. NAME OF HOSPITAL OR INSTITUTION (If not in		d. STREET ADDRESS	2. AD C	ON A FARM?
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d within	200	(	AME OF ECEASED (Ype or print)	Middle W	illiams	4. DATE OF DEATH JULY	Day Year // 1967
and completely remove corbor		F	· · · · · · · · · · · · · · · · · · ·	MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH		Months Doys Hours Min.
sicion and pleose rei and ind			USUAL OCCUPATION (Give kind of work done ig most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County	& Stote, ar fareign country)	12. CITIZEN OF WHAT COUNTRY?
physicion en pleose ovol, and i		13.	FATHER'S NAME	Across	14. MOTHER'S MAIDEN I	NAME	
th certific ling phys Then premovol,			Unknown		Sadie	Haylor	
endend			WAS DECEASED EVER IN U.S. ARMED FORCES? , no, or unknown) (If yes give wor or dates af se		Lenry Wil	liams Salla	Both &
that the don. by the attronsit per	F	T	18. CAUSE OF DEATH (Enter only one couse p	per line far (a), (b), and (c).)	-/		INTERVAL BETWEEN
y th y th insit			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o).	Userna	0		MUSET AND DEATH
			392X DUE TO	Oller in dono	ten	- Odlas :	0 1/11
equires physici signed buriol-i buriol,			Canditions, if any, which gave (b)	Moone wegen	er clase vo	rajuseus	e gus.
re de de			stating the underlying cause lost.				/
e law tendir as bee as th prior		1	PART II. OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO.	NDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
r at r at e ho	3	ATION	•				PERFORMED? YES NO
T		CERTIFICATION	20g. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED	). (Enter nature of injury in	Port I or Part II of item 18.)	
the hospi r this cert detoched		MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19		LACE OF INJURY (Hame, farm actory, street, office bldg., etc.)		(County) (Stote)
TENDING ined by OR: After ould be the Stot			21. I certify that (I) (this hospite sow the deceased alive on	al) attended the deceased from 1964, and th	nat death occurred at	to 7/1/ M, from causes ar	, 195/_, that (I) (we) land on the dote stated above
OR ATTE be retoine DIRECTOR ge 3 shou led with th			220. SIGNATURE	eauly	M.D. ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DAYE SIGNED
TAL AL D Pog Pog	1		22c. PHYSICIAN'S (2. NAME (Type)	/	22d. ADDRÉSS		1.1
O HOSPI Poge 4 n S FUNER director,		23a.	BURIAL, CREMATION, 23b. DATE THEREC	OF 23c. NAME OF CEMETERY O	R CREMATORY	23d. AOCATION (City or Town	(County) (Stote)
O O O P P P P P P P P P P P P P P P P P			REMOVAL (Specify) 2-15-	67 Haylors &	ale	Anow Hell	- Uric- me.
VR A15 (4)	1	24.	FUNERAL DIRECTOR CALLETTES	Jackey ADDRESS	1		Strar's SIGNATURE
20 M 1/66	10		YELLETY LUYS, MUTTU	L' HEREULIANE,	DATE!	1 4 0 1301 10	marchy fugger

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20:00	Hilland .	William College	Section of the section of

VR A15 (4)

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

10307

CERTIFICATE OF DEATH

10308

		and the state of t			
1. PLACE OF DEAT a. COUNTY Wi	n comico	MARYLAND	2. USUAL RESIDEN e. STATE Mary 1		tution: Residence before admission) Wicomico
write RURAL en	(if outside corporete limits, d give nearest town)	c. ungth of stay in 16 Adm. in d	c. CITY OR TOWN (	If outside corporete limits, write RU	JRAL and give neerest town)
	,	t in hospitel, give street address)	d. STREET ADDRESS	22. )	. IS RESIDENCE
	eninsula Gener		306 L	ocust Terrace	YES NO
3. NAME OF DECEASED (Type or print)	First LOTTIE	BEATRICE	WIMBROW	4. DATE Month OF DEATH JULY	Day Year 13 1967
5. SEX				9. AGE (In years   IF	17 '
Female	1 than to	MANNED WILLIAM WANTED	. DATE OF BIRTH July 30, 1899	last birthdey)	onths Deys Hours Min.
loa. USUAL OCCUPA done during most of w Housewife	TION (Give kind of work orking life, even if retired)	106. KIND OF BUSINESS OR INDUSTR		ounty, Maryland	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
Sanford De	Witt Matthew	5	Maggie Guthi	rie	
(Yes, no, or unkown)	YER IN U.S. ARMED FORCES (If yes give wer or dates of servi- DEATH [Enter only one cau	MI 20001 20 010 (6)	Avery G. W Locust Ter	Vimbrow (Husband race, Salisbury	) Maryland
Conditions, if en geve rise to immed (a), stefing the ceuse lest.	diete ceuse underlying DUE TO		nary Ar	terioscleros	
PART II. OTHI	R SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOPSY PERFORMEO? YES NO
200. ACCIDENT V OR CONTRIBUTING (IF EITHER, NOTIF	VAS UNDERLYING [ 20 G CAUSE OF DEATH Y MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCURED  N/A	). (Enter nature of injury in	Pert I or Pert II of item 18.)	
20c. TIME OF INJ Hour a.m. p.m.	URY Month, Day, Year	20d. INJURY OCCURRED   20e. PL/	ACE OF INJURY (Home, ferr tory, street, office bldg., etc		(County) (State)
21. I certify saw the desea	that (I) (this begins)	altended the deceased from 1967, and that			3, 19.67, that (I) (we) last on the date stated above.
220. SIGNATURE		Hilly.	I.D. PHYS.	MED. STAFF	July 14/1967
22c. PHYSIČIAN'S		C. Hill,	S. Salist	Salisbury, Ma bury Blvd. & Pin	
23a. BURIAL, CREMA' REMOVAL (Specify Burial	TION, 236. OATE THEREO		OR CREMATORY	Salisbury, Mar	or county) (Stete) y 1 and
24 FUNERAL DIRECTO		ADDRESS	2Sa. RE	CID BY MEGISTRAPO 858. REGIS	IRANO MEMATURE ENERGY
HOLL OWA	Y & COMPANY.	SALISBURY, MARYLANI	DATE	00-	

CONTRACT OF DEPARTMENT OF THE The Locus Cherron, Call Court, Marchest 5, Salisbury Blod. & Pine Blothand. grants, 1967 Micentee Marchiel Paris Califolity, New Lond THE CHERT SALTSBURY, HARVING

10308 FOR STATE

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

e. IS RESIDENCE ON A FARM?

19

Hours

INTERVAL BETWEEN

hours

19. WAS AUTOPS

PERFORMED? NO

and in my opinion

22. DATE SIGNED

(Stote)

July 18, 1967

(County)

Marles

(Stote)

IF UNDER 24 HRS

YES NO X

Sussex

7-17-67

Months

IF UNDER 1 YEAR

12 CITIZEN OF WHAT

COUNTRY? A.

HEALTH DEPT. 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o. STATE b. COUNTY delay it. o. COUNTY Delaware Wicomico MARYLAND with the State Department M3 P c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside carporate limits. write RURAL and give nearest town) ILLSBORD Salisbury Gumboro d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS d "pending" in pencil in Item 18. Give Pages 1, Chief Medical Examiner's Office along with farm KURAL Peninsula General Hospital in Item 18. Give Pages 3 NAME OF Middle DATE First Lost DECEASED WOOTTEN LIDA M. (Type or print) DEATH S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED last birthdoy) WIDOWED DIVORCED event within 72 hours after death permit. File pages 1 and 2 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or fareign country) during most of working life, even if retired)
House Wife INDUSTRY Delaware 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Mary Elizabeth Smith Zadoc M. Smith 17 INFORMANT Address IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service Marian Smith 21-32-3122 Bethel. Delaware 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY Acute pulmonary edema IMMEDIATE CAUSE (o) writing the ward DUF TO the any Conditions, if ony, which gove Coronary occlusion ta rise to immediate couse (a). .= DUE TO 0 stoting the underlying cause and i be farwarded used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) removal the certificate, pe 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 shauld PRIMARY Or CONTRIBUTING cremotian, ar should CAUSE OF DEATH yaur files. MEDICAL 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Hour o.m. Not While may be retained far yaur FUNERAL DIRECTOR: Page of work ot work pleose execute Inquiry X 21. I certify that Laok charge af the remains described above, held an Autopsy Inspection A death resulted from: Accident Undetermined manner Natural spuses Suicide Hamicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER priar SIGNATURE funeral DEPUTY MEDICAL EXAMINER Health Address (Street, city, fown, or county) NAME (Type) Camden Salisbury, Md. the 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. 23b. DATE THEREOF Burial (Specify) Millsboro, Sussex, MillsboroCemetery 250. REC'D BY REGISTRAR DATE JUL 25 25b. REGISTRAR'S SIGNATUR ADDRESS 24. FUNERAL DIRECTOR

Frankford.

Del.

VR A15ME (5) 6M 1/67

24 hours after

10309

TO HOSPITAL

ATTENDING PHYSICIAN: The law requires that the death certificate be executed of the death. Page 4

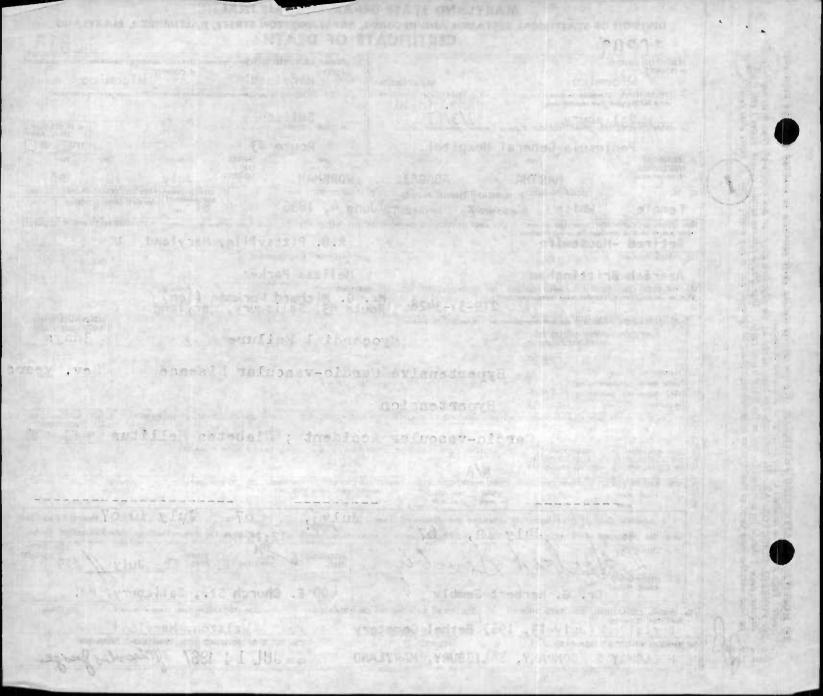
Description of the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 and 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 and 3 and 4 and 4

15M 7-62

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10200 CERTIFICATE OF DEATH 10310

1. PLACE OF DEATH  •. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: Re	sidence before edmission)
Wicomico MARYLAND	a. STATE Maryland b. COUNTY Wico	mico
b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)  c. LENGTH OF STAY IN 1b  Adm. in 1d	c. City OR TOWN (If outside corporete limits, write RURAL and	give neerast town)
Salisbury 7/3/67 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	Salisbury d. STREET ADDRESS	I e. IS RESIDENCE
Peninsula General Hospital	Route #3	ON A FARM? YES NO
3. NAME OF First Middle	Lest 4. DATE Month	Dey Year
(Type or print) MARTHA ABAGAIL		0 1967
71 MINISTED THEY EN MINISTED	8. DATE OF BIRTH  9. AGE (In years left birthday)  Wonths D  Wonths D	YEAR IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUST	RY   11. BIRTHPLACE (County & State, or foreign country)   12. CITIZ	LEN OF WHAT COUNTRY?
done during most of working life, even if retired)  Retired -Housewife	R.D. Pittsville, Maryland U	JSA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Azaraah Brittingham	Melissa Parker	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) (Ifyesgive war or deles of service)	INFORMANT  . G. Richard Workman (Son)	
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	oute #3, Salisbury, Maryland	1 INTERVAL BETWEEN
DADE A DESCRIPTION OF CALIFFR AV	cardial Failure	ONSET AND DEATH
Physical	Cardial Fallure	Juays
DUE TO	Samila manaulam Disease	CAW WASS
gava rise to immediate ceusa	Cardio-vascular Disease	Sev. year
(e), sleting the underlying DUE TO		
z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT DELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	I/a) I 19 WAS ALITOPSY
FAXI II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO DEATH BUT I		PERFORMED?,
Cardio-vascular A	Accident; Diabetes Mellitus D. (Enter nature of injury in Part I or Part II of item 18.)	A LES NO
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  N/A	D. (chier nature or injury in rati i or rati ii or ilem ie.)	
Hour e.m. WhileNot While fac	ACE OF INJURY (Home, farm, 20f. (City or town) (Country, street, office bldg., atc.)	(State)
21. I certify that (I) (this hospital) attended the deceased from	July 19.0,710July 1.09.5	R. 4 that (I) (we) last
saw the deceased slive on July 10. 19.6.7, and that	death occurred at 12: 15 from the causes and on the	
220. SIGNATURE	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. July	1196 / 196 /
22c. PHYSICIAN'S NAME (Type) Dr. G. Herbert Sembly	400 E. Church St., Salisbury	
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY		
REMOVAL (Specify) Burial July 13, 1967 Bethel Cemeter		
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SI	
HOLLOWAY & COMPANY, SALISBURY, MARYLA	AND DATE JUL 14 1967 John	les Judges



## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10310	CERTIFICATE	OF DEATH		10307
1. PLACE OF DEATH 9. COUNTY T		2. USUAL RESIDENCE (Where decear	b COUNTY	/
MICOMICO	MARYLAND	Marylan	d W	orcester
b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)	c. LENGTH DF STAY IN 16	c. CITY DR TDWN (If autside carpore	ote limits, write RURAL and g	ive nearest tawn)
Salisbury	11 days	Pocomok	e City	222
d. NAME DF HDSPITAL DR INSTITUTION (If nat in hospit	ol, give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Peninsula General H	lospital	505 Cla	rke Avenue	YES NO K
3. NAME OF DECEASED (Type or print) Besser	Middle	Lost 4. DATE OF DEATH	Month + U. L. Cy	Day Year 1967
S. SEX 6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED E	B. DATE OF BIRTH		R I YEAR   IF UNDER 24 HRS.   Days Hours Min.
Female White widow	ED 🗷 DIVORCED 🔲 🖪	Teb. 17,1885	OZ yrs.	Days Haurs Min.
10a. USUAL OCCUPATION (Give kind af wark dane dwing mast af warking life, even if retired) HOUSEWIIE	NEW THE STATE OF STAT	Worcester Co	unty,	COUNTRY? U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Samuel Carey		Annie Ewel	11	
IC WAS DECEASED EVED IN HIS ADMED ENDICES	16. SOCIAL SECURITY NO. 17. II	NFORMANT	Address	
(Yes, na, or unknawn) (If yes give war ar dates af service)	220-01-9562 Sa	anders Willing	, Pocomoke	City Md
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	IG TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION GIVI	EN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
ATIO				YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. DESCRIBE HOW INJURY OCCURRED. (	Enter nature af injury in Part I ar Par	rt II af item 1B.)	
Haur a.m. W		E OF INJURY (Hame, farm, pry, street, affice bldg., etc.)	(City or tawn) (C	aunty) (State)
21. I certify that (I) (this haspital) att		10/,190/,1		181, that (I) (we) las
saw the deceased alive on	15 1907, and that	death accurred atN	M, fram causes and an	the date stated above
22a. SIGNATURE  LOCAL SIGNATURE  22c. PHYSICIAN'S	of MIDMO	ATTENDING MED. PHYS. DIRECTOR  22d. ADDRESS	STAFF 22b.	DATE SIGNED
	Ellís, Jr., MI		Maryland	
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OF	SREMATORYK 23d. LC	OCATION (City or Town)	(Caunty) (State)
Burial 7-20-1967	Salem Metho	odist Poc	omoke City	Wor. Md.
24. FUNERAL DIRECTOR	ADDRESS	2Sa. REC'D BY REGISTI		
Fribert H. Walson:	Pocomoke City,	Md. Datil 24 1	1967 Jeliane	as Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fitled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages. Pages 1 and shauld be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 hydrs after deat Page 4 may be retained by the haspital or attending physician. VR A15 (4) 20 M 1/66

Robert

H.

Watson

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

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		no Ensoil En	ranga a Logica e
	- That er	м.	
AND ALL DESCRIPTIONS			Toron of Toron
			- Chillian yino I da
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